

104-10225-10007

STANDBY FOR RELEASE

December 1971

REF ID: A31333  
FEDERAL BUREAU OF INVESTIGATION  
Federal Personnel Manual (FPM) 293  
16-101

**SECRET**

# Official Personnel Folder

**SECRET**

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REQUEST FOR PERSONNEL ACTION								DATE PREPARED																																																																																																																																																										
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28-16-NYC

Approved for release under the  
Freedom of Information Act

2012 RELEASE UNDER E.O. 14176

(When Filled In)

Name (Last-First-Middle)

## CERTIFICATION OF SEPARATING EMPLOYEE

## MEMORANDUM FOR THE RECORD - ATTACH TO OFFICIAL PERSONNEL FOLDER

I hereby acknowledge the receipt of the following forms and/or information concerning my separation from CIA as indicated by check mark:

1. Standard Form 8 (Notice to Federal Employee about Unemployment Compensation).  
*Declined decline to receive*
2. Standard Form 55 (Notice of Conversion Privilege, Federal Employees' Group Life Insurance).
3. Standard Form 56 (Agency Certification of Insurance Status, Federal Employees' Group Life Insurance Act of 1954).
4. Standard Form 2802 (Application for Refund of Retirement Deductions).
5. Form 2595 (Authorization for Disposition of Paychecks).  
*To bank or social*
6. Applicable to returnee (resignee from overseas assignment).
 

I have been advised of my right to have a medical examination before my separation from this Agency and of the importance of such a medical check to my health and well-being.

Appointment arranged with Office of Medical Services.  
 Appointment for Office of Medical Services examination declined.
7. I have been informed of "conflict of interests" policy of the Agency and foresee no problem in this regard concerning my new employment.
8. Form 71 (Application for Leave).
9. CSC Pamphlet 51 (Re-employment Rights of Federal Employees Performing Active Forces Duty).
10. Instructions for returning to duty from Extended Leave or Active Military Service.

Address of Employee

--

Date Signed

16 Oct 12

Address (Street, City, State Zip Code)

Correspondence

Phone

Fax

ADMINISTRATIVE -- 1

OFF

15 SEP 1970

MEMORANDUM FOR: Chief, WII Division

THROUGH : Acting Deputy Director for Plans  
SUBJECT : Certificate of Distinction for  
Mr. [redacted]

The Honor and Merit Awards Board is pleased to notify you that the Certificate of Distinction has been approved by the Executive Director-Comptroller in recognition of Mr. [redacted] sustained superior performance. Security considerations relevant to the award are contained in the attached memorandum from the Office of Security. Arrangements for presentation may be made with the Executive Secretary, Honor and Merit Awards Board, extension 3645, room 412, Magazine Building.

/s/ R. L. Austin, Jr.

R. L. Austin, Jr.  
Recorder  
Honor and Merit Awards Board

## Att

## Distribution:

O & I - Addressee  
 D/Pers -- OPF w/forms 382 & 600  
I - Exec Sec/HMAB  
I - Recorder/HMAB

AUG 15 1970

REPORT OF HONOR AND MERIT AWARDS BOARD		Executive Security 7/20/1972	29 August 1972 <i>OFF</i>
The Honor and Merit Awards Board having considered a recommendation that			
SERIAL OR ID NO.	NAME (Last First Middle)	GRADE	RANK OR POSITION
060389		D	M Staff
OFFICE OR ASSIGNMENT		SCHOOL STATE	STATION
CS/WH		GS - 15	
BY AWARDED			
<b>Certificate of Distinction</b>			
<input type="checkbox"/> FOR HEROIC ACTION ON <input checked="" type="checkbox"/> FOR MERITORIOUS SERVICE OR ACHIEVEMENT DURING THE PERIOD      June 1952 - June 1972 <input checked="" type="checkbox"/> RECOMMENDS APPROVAL <input type="checkbox"/> DOES NOT RECOMMEND APPROVAL <input type="checkbox"/> RECOMMENDS AWARD OF			
UNCLASSIFIED CITATION			
<p>Mr. [REDACTED] is hereby awarded the Certificate of Distinction in recognition of his sustained superior performance throughout his Agency career. Since 1952 he has served in a variety of important positions in Headquarters and overseas in which the superior quality of his performance was sustained by his skillful leadership and dedication. In each assignment he has shown unswerving dedication to duty, good judgment and the ability to respond quickly in demanding situations. Mr. [REDACTED] overall contributions to the mission of the Agency reflect credit on him and the Federal Service.</p>			
REMARKS			
(Recommendation approved by ADD/P on 11 August 1972)			
APPROVED /s/ W. E. Colby Executive Director ----- 14 SEP		SIGNED /s/ Harry B. Fisher Harry B. Fisher ----- R. L. Austin, Jr. R. L. Austin, Jr.	

OFF

FORM 1000-100 U.S. AIR FORCE HEADQUARTERS AIR FORCE		
SECTION A RECOMMENDATION FOR AWARD OF DISTINCTION		
30. DATE OF BIRTH: [REDACTED] 31. GRADE: [REDACTED]		
32. PLACE OF BIRTH: [REDACTED] 33. CITY, STATE AND ZIP CODE: [REDACTED]		
34. HOME ADDRESS: [REDACTED] 35. HOME PHONE: [REDACTED]		
36. AWARD: CERTIFICATE OF DISTINCTION		
37. RECOMMENDED BY: [REDACTED] 38. RELATIONSHIP TO RECIPIENT: [REDACTED]		
39. WIFE: [REDACTED] 40. ADDRESS: [REDACTED] 41. CITY: VICTORIA, VA 42. STATE: VA 43. PHONE: 704-6-0850		
SECTION B RECOMMENDATION FOR AWARD FOR HEROIC ACTION OR VALOR		
44. DATE YOU ARE CERTAINLY TO THE FACT THAT YOU ARE AN ESTATEES TO THE VICTIM: [REDACTED]		
45. PERSONNEL IN IMMEDIATE VICINITY ON WHO ARE ASSISTED IN AS MUCH AS POSSIBLE IN HAVING		
46. FULL NAME: [REDACTED] 47. DUTY GRADE: [REDACTED] 48. GRADE: [REDACTED] 49. OFFICE OF ASSIGNMENT: [REDACTED]		
50. LIST ANY OF THE ABOVE PERSONNEL GIVEN AN AWARD OR MEDAL WHICH THEY MAY HAVE RECEIVED DURING THIS PERIOD.		
51. FULL NAME: 52. AWARD RECOMMENDED: [REDACTED]		
53. CONDITIONS UNDER WHICH ACT WAS PERFORMED:		
54. LOCATION: 55. INCLUSIVE DATES: 56. TIME OF DAY: [REDACTED]		
57. PREVAILING GEOGRAPHIC CONDITIONS AND OBSTACLES ENCOUNTERED: [REDACTED]		
58. DATES FOR WHICH AWARD RECOMMENDED: 59. ASSIGNMENT DAY: 60. DAY IN CAREER AT: 61. ASSIGNMENT: [REDACTED]		
SECTION C RECOMMENDATION FOR AWARD FOR ACHIEVEMENT, SERVICE, OR PERFORMANCE		
62. IF YOU HAVE RECEIVED RECOGNITION OR THE EQUIVALENT BY OTHER SOURCE: [REDACTED]		
63. OFFICIAL DOCUMENT OF RECOGNITION RECEIVED AT TIME OF SERVICE OR PERFORMANCE: [REDACTED]		
RECOMMENDATION COVERS ENTIRE CAREER		
64. COMMENT OR STATE IN DETAILED FORM AND SIGNATURE: Chief of 3176		
65. DUTIES AND RESPONSIBILITIES OF ASSIGNED POSITION: [REDACTED]		
Chief of 3176		
66. INCLUSIVE DATES FOR WHICH RECOMMENDED: 67. ANNUAL PAY GRADE: 68. PAY GRADE AT TIME OF RECOMMENDATION: [REDACTED]		
69. GRADE OR RANK: CHIEF 70. PAY GRADE: [REDACTED]		
71. PAY GRADE: 72. GRADE OR RANK: [REDACTED] 73. PAY GRADE: [REDACTED]		
74. FULL NAME: [REDACTED]		

*OPP*

Mr. [redacted] was first assigned to the Agency in 1952, serving initially as a member of the Staff of the Director of Defense Intelligence, and subsequently as a member of the Staff of the Director of Central Intelligence. He was promoted to the rank of Captain in 1954 and Lieutenant Colonel in 1960.
During his Army career he served in various capacities, including as a member of the Staff of the Director of Defense Intelligence, and as a member of the Staff of the Director of Central Intelligence. He was promoted to the rank of Captain in 1954 and Lieutenant Colonel in 1960.

Mr. [redacted] entered on duty with the Agency in June 1952, after having served with the Army, CIA, from 1942 to 1945 and, subsequently, as Chief, Civil Intelligence Branch in the Panama Canal Zone Government from 1949 to 1952. In January 1955 he was appointed Deputy Chief of Station, Havana and remained in this position until January 1959 when he was reassigned to Headquarters. Mr. [redacted] served as Deputy Chief of Station, [redacted] from 1963 through 1965, and as Deputy Chief of WH Division Counter Operations Group from 1966 to June 1968. He assumed the position of Chief of Station, [redacted] in June 1968. Since April 1971 Mr. [redacted] has been assigned as Chief, WH Division, Branch 6, which encompasses the important [redacted] area.

Mr. [redacted] has held positions of responsibility from the very outset of his Agency career. While demonstrating ample qualities of leadership and excellent managerial skills, his continuing interest lies in the real heart of Agency activities--the production of intelligence and the conduct of actions against our targets. This was highlighted during his recent tour as COS, [redacted]. The last year of his tour was marked by two extremely delicate, highly productive operations.

X X CONTINUED ON ATTACHED SHEET		
45. Enclosed list of individuals in the station is set in brackets or bold type. Additional knowledge of the fact is represented, after assessment of availability of information, having obtained knowledge of the facts.		
1. PROPOSED CANDIDATE		
2.		
3.		
42. ACCOMPLISHMENT INDICATED BY		
43. APPROVAL FOR RELEASE OF THIS INFORMATION IS REQUESTED		
Theodore C. Checkley		Chief, WH Division
Deputy Director for Plans		26 JUL 1972
HEAD OF WH Division, Director for Plans		
Deputy Director for Plans		
Deputy Director for Planning		
Deputy Director for Planning		

OFF

-continued-

[redacted]

Over the years Mr. [redacted] has been extremely effective in liaison activities. Through his skillful approach and genuine interest in the problems of representatives of foreign countries, he has been able to [redacted]

During the past year, the task of supervising the W. [redacted] Branch has been a most challenging one. [redacted] has become a knotty foreign policy problem, and is the subject of continuous and extensive discussions between the Agency, the State Department, and other components of the Government, while receiving the attention of the most senior policy makers. Requirements from many directions have required constant pressure to respond with ideas, methods, procedures and the subsequent position papers. Through it all Mr. [redacted] has maintained a sense of balance and professionalism which permits a proper focus on the crisis of the moment. We have been fortunate in having an officer of Mr. [redacted] caliber in this position during such a difficult period.

In recognition of Mr. [redacted] demonstrated continuous superior performance as a senior intelligence officer, which has contributed to the accomplishment of the mission of the Agency, it is recommended that he be awarded the Certificate of Distinction.

C-O-N-F-I-D-E-N-T-I-A-L

21 March 1973

Dear [redacted]:

You have just completed, at my direction, seven weeks of full-time service on the GS-13 Clandestine Service Personnel Evaluation Board. I know that this work has been particularly demanding. Your participation and diligent application of your professional experience have been decisive factors in the successful accomplishment of the Board's missions.

In the course of this assignment you have become thoroughly familiar with the use and interpretation of personnel files and personnel practices of the Clandestine Service. Having reviewed and analyzed the files of [redacted] or more CS officers, you have had to make judgments and recommendations concerning their relative-ranking and their qualifications for promotion, for training required to overcome a deficiency or enhance career effectiveness, for changes of assignment to further career development and for Quality Step Increases to recognize outstanding performance. In so doing, you have carefully studied the career development of a large number of officers in all components of the CS, both as individuals and in relationship to each other in terms of merit and value to the Clandestine Service.

You have become familiar with a broad spectrum of personnel and administrative problems on a practical working level and have acquired a knowledge of personnel management which will better equip you to handle supervisory positions which require personnel reporting and career development of subordinates. The committee format of the panels has also deepened your understanding of the conference approach to management problems.

C-O-N-F-I-D-E-N-T-I-A-L

Mr. [redacted]  
WJ Division

14-00000

C-O-N-F-I-D-E-N-T-I-A-L

I wish to commend you personally for your participation in an evaluation procedure which helps to strengthen the Clandestine Service Career Service. A copy of this letter will be included in your official personnel file so that your supervisors and future Evaluation Boards may make due note of this service.

  
Thomas H. Karamessines  
Deputy Director for Plans

2

C-O-N-F-I-D-E-N-T-I-A-L

SECRET

(Other fields to)

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18. REMARKS										FROM: DDP/WH/FF/ [REDACTED] 0198 COMPLEMENT SLOTTING IN DEVELOPMENT PENDING ISSUE OF PCR FOR BRANCH 6 (NEW).  F OTHER K [REDACTED]							
										6/14/71 J/B 6/24/71							
19. SIGNATURE OF REQUESTING OFFICIAL										DATE SIGNED		20. SIGNATURE OF CAREER SERVICE APPROVING OFFICIAL		DATE SIGNED			
HENRY D. BERTHOLD, C/WH/PERS										9 Jun '71				16 Jun '71			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
21. ACTOR		22. EMPLOY CODE		23. OFFICE CODES		24. STATION		25. INTENSI		26. RIGOTS		27. DATE OF BIRTH		28. DATE OF GRADE		29. DATE OF LEI	
CODE		CODE		NUMERIC ALPHABETIC		CODE		CODE		CODE		MO DA YR		MO DA YR		MO DA YR	
37		18		31377		111		7-0623		1							
30. ETD CODES		31. SPN/RS		32. DISPOSITION DATA		33. SEPARATION DATA		34. SEPARATION CANCELLATION DATA		35. EOD DATA		36. SECURITY		37. SEL			
MO DA YR		CODE		CODE		CODE		CODE		EOD DATA		SEL		SEL			
38. RET. PERIODS		39. SPN/RS DATA		40. LGEN/RS DATA		41. CANCELLATION DATA		42. RET. DATA		43. SECURITY		44. SEL		45. SEL			
CODE		MO DA YR		MO DA YR		MO DA YR		MO DA YR		SEL		SEL		SEL			
46. PERIOD CANCELLED BY PERIOD		47. LGEN/RS DATA		48. CANCELLATION DATA		49. RET. DATA		50. SECURITY		51. SEL		52. SEL		53. SEL			
CODE		CODE		CODE		CODE		CODE		SEL		SEL		SEL			
54. POSITION CANCELLED BY POSITION		55. LGEN/RS DATA		56. CANCELLATION DATA		57. RET. DATA		58. SECURITY		59. SEL		60. SEL		61. SEL			
CODE		CODE		CODE		CODE		CODE		SEL		SEL		SEL			
62. POSITION CANCELLATION APPROVAL										63. APPROVAL				64. APPROVAL			
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(If Area Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER 060389	2. NAME (Last-First-Middle)					28 September 1971	
3. NATURE OF PERSONNEL ACTION Reassignment					4. EFFECTIVE DATE REQUESTED 09 22 71		5. CATEGORY OF EMPLOYMENT Regular
6. FUNDS X		V TO V		V TO G	7. FINANCIAL ANALYSIS NO CHARGEABLE 2135-0620		8. LEGAL AUTHORITY (Completed by Office of Personnel) DDP/WH
9. ORGANIZATIONAL DESIGNATIONS Branch 6 Office of the Chief					10. LOCATION OF OFFICIAL STATION Washington, D.C.		
11. POSITION TITLE Ops Officer, Chief / (15)					12. POSITION NUMBER 1844	13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 15 6	17. SALARY OR RATE \$ 28,291		
18. REMARKS Home Base: WH ✓ * Wash., D.C. From : DDP/WH/Dev Comp							
1 - Finance							
18A. SIGNATURE OF REQUESTING OFFICIAL Henry L. Berthold, C/WH/Pers			DATE SIGNED 28 Sept '71	18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER			DATE SIGNED 1 Oct '71
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 37	20. EMPLOY. CODE 10	21. OFFICE CODING NUMERIC 51480	22. STATION CODE WH	23. MIGRANT CODE 750;3	24. MOBILES CODE 1	25. DATE OF BIRTH MO DA YE	26. DATE OF GRADE MO DA YE
27. EFT. EXPIRE MO DA YE	28. SPECIAL REFERENCE 1-ECC 2-ORBR 3-FICA 4-BEN	29. RETIREMENT DATA CODE	30. DATA CODE	31. SEPARATION DATA CODE	32. CORRECTION CANCELLATION DATA TYPE MO. DA YE	33. SECURITY DATA EFO DATA → EFO. RD	
35. VET. PREFERENCE CODE 9-REG 1-1 PT 2-10 PT	36. SICK COMP. DATE MO DA YE	37. LONG COMP. DATE MO DA YE	38. LABOR CATEGORY CODE 1-1010 1011-1012 1013-1014 1015-1016 1017-1018 1019-1020	39. MEDICAL INSURANCE CODE 1-1010 1011-1012 1013-1014 1015-1016 1017-1018 1019-1020	40. SOCIAL SECURITY CODE 101-102 103-104 105-106 107-108 109-110 111-112 113-114 115-116 117-118 119-120		
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 1-10 PREVIOUS SERVICE 2-10 TERM OF SERVICE 3-10 TERM OF SERVICE FROM 1-PERIOD 4-10 TERM OF SERVICE FROM 2-PERIOD	42. LEAVE LST. CODE	43. FEDERAL TAX DATA FED TAX EXEMPTIONS CODE	44. STATE TAX DATA STATE TAX EXEMPTIONS CODE	45. PAY TDS CODE	46. PAY TDS CODE		
47. POSITION CONTROL CERTIFICATION Signature: 9-Sept-71				48. O.P. APPROVAL Signature: 9-Sept-71		49. DATE APPROVED Signature: 9-Sept-71	

1152 100 PERIODS PAYABLE

SECRET

REF ID: A64944

**SECRET**  
(When Filled In)

BS: 20 OCT 71

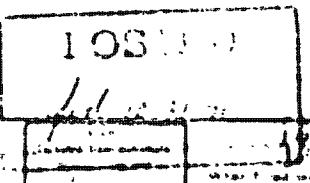
## NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER		2. NAME (LAST, FIRST, MIDDLE)					
060389							
3. NATURE OF PERSONNEL ACTION							
REASSIGNMENT							
4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT					
09 22 71		REGULAR					
6. FUNDS		V TO V	V TO CF				
		CF TO V	X CF TO CF				
7. Financial Analysis No Changeable							
2135 0020 0000 50 USC 403 J							
8. ORGANIZATIONAL DESIGNATIONS							
DOP/WH BRANCH 6 OFFICE OF THE CHIEF							
9. LOCATION OF OFFICIAL STATION							
WASH., D.C.							
10. POSITION TITLE		11. POSITION NUMBER					
OPS OFFICER CH		1844					
12. SERVICE DESIGNATION		D					
14. CLASSIFICATION SCHEDULE (GS, GS-etc.)		15. OCCUPATIONAL SERIES					
GS		0136.01					
16. GRADE AND STEP		17. SALARY OR RATE					
15 6		28291					
18. REMARKS WASH., D.C.							
HOME BASE: WH							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION	20. EMPLOY CODE	21. OFFICE CODING	22. STATION CODE	23. INTELLIGEE CODE	24. MOBILITY CODE	25. DATE OF BIRTH	26. DATE OF GRADE
37	10	51480 WH	75013			MO DA YR	MO DA YR
28. RET. EXPENSES	29. SPECIAL REFERENCE	30. RET. BENEFIT DATA	31. SEPARATION DATA CODE	32. Correction / Amalgamation Data	33. SECURITY REQ PHO		
REG LA TB					MO DA YR	MO DA YR	
35. VET PREFERENCE	36. SERV COMP DATE	37. LONG COMP DATE	38. CAREER CATEGORY	39. FECHI - HEALTH INSURANCE	40. SOCIAL SECURITY NO		
REG	MO DA YR	MO DA YR	REG	REG	REG	REG	REG
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE	42. LEAVE CAT CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA				
CODE		45. MOBILITY CODE	46. MOBILITY CODE	47. MOBILITY CODE	48. MOBILITY CODE	49. MOBILITY CODE	50. MOBILITY CODE
1. NO PENSION UNLTD. 2. NO BENEFITS IN SERVICE 3. BENEFITS IN SERVICE LESS THAN 2 yrs. 4. BENEFITS IN SERVICE MORE THAN 2 yrs.		REG	REG	REG	REG	REG	REG
SIGNATURE OR OTHER AUTHENTICATION							
10S							

**SECRET** DMB

1200 1150 0900 0800

1100 1000 0900 0800



**SECRET**  
(When Filled In)

WED: 13 JUL 71

DDF

## NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)		3. EFFECTIVE DATE		4. CATEGORY OF EMPLOYMENT	
0000000				06 13 71		REGULAR	
5. NATURE OF PERSONNEL ACTION				6. EMPLOYMENT STATUS		7. Employment Status No Changeable	
REASSIGNMENT				V TO V	V TO CF	8. GS OR OTHER LEGAL AUTHORITY	
FUNDING		X	CF TO V	CF TO CF	2105 0623 0000		50 USC 803 J
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION			
DDP/WH DEVELOPMENT COMPLEMENT				WASH. D.C.			
11. POSITION TITLE		12. POSITION NUMBER		13. SERVICE DESIGNATION			
OPS OFFICER CHIEF		00007		D			
14. CLASSIFICATION SCHEDULE (GS 10 ETC)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE	
GS		0130.01		15 G		20251	
18. REMARKS OTHER							
HOME BASE: WH							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE	20. EMPLOYEE CODE	21. OFFICE CODING NUMBER	22. STATION CODE	23. PAY GRADE CODE	24. HEIGHT CODE	25. DATE OF BIRTH	26. DATE OF GRADE
37	18	31097	WH	75013		06 04 18	06 04 18
27. RATE EXPENSES		28. SPECIAL DIFFERENCE	29. REFERMENT DATA	30. SEPARATION DATA CODE	31. CONVENTION DATA CODE	32. CONVENTION DATA	33. SECURITY REQ NO
							34. SEA
35. VET PREFERENCE		36. SERV COMP DATE	37. LONG COMP DATE	38. CAREER CATEGORY	39. FECHI	40. HEALTH INSURANCE	41. SOCIAL SECURITY NO
CODE		000 04 18	00 04 18	000	000	000	
42. PREVIOUS CIVILIAN GOVERNMENT SERVICE				43. STATE CAT CODE	44. FEDERAL TAX DATA	45. STATE TAX DATA	
CODE 1. NO PENSION CLAIMS 2. NO SPEND IN SERVICE 3. BREAK IN SERVICE LESS THAN 3 YEARS 4. BREAK IN SERVICE 3 OR MORE THAN 3 YEARS				1. NO PENSION CLAIMS 2. NO	1. NO TAX EXEMPTION 2. NO	1. NO 2. NO	CODE 1. NO 2. NO STATE CODE
SIGNATURE OR OTHER AUTHENTICATION							
POSTED							

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MAY 6 1971Use Previous  
Edition**SECRET**

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Excluded from automatic  
downgrading and  
declassification

Executive Rec'd by  
[Signature]

W.F.

81 Jun 1972

[Redacted]  
Vienna, Virginia 22160

Dear Earl:

As you reach the end of your active career of Government service, I want to join your friends and colleagues in wishing you continued success and satisfaction in your retirement.

You have every reason to feel great pride in your accomplishments. Your record of service is both example and goal for the young people who are now just beginning their careers in intelligence.

May I extend to you, personally and officially, my sincere appreciation for the important work you have done and my warmest hopes that you will find full enjoyment in the years ahead.

Sincerely,

[Signature]  
Richard Holmes

151-100-  
Richard Holmes  
Director

Distribution:

0 - Addressee	Originator:	/s/Harry B. Fisher
1 - DDCI		Director of Personnel
1 - ER		
1 - D/Pers		
✓ - OFF		27 JUN 1972
1 - ROB Soft File		
1 - ROB Reader		

OP/RAD/ROB/[Redacted]/3257 (20 June 1972)

ADMINISTRATIVE  
INTERNAL USE ONLY

E  
203497

**CIA RETIREMENT AND DISABILITY SYSTEM**  
**Request for Retirement**

I. Name of Applicant : \_\_\_\_\_ DOB : \_\_\_\_\_

Grade : GS-15 Position : Operations Officer  
Office/Division : Western Hemisphere Division  
Career Service : Clandestine Service

II. Date Requested for Retirement : 30 June 1972

Age at that Date : 57  
Years of Creditable Service : 27  
Years of Agency Service : 20  
Years of Qualifying Service : 13

III. Applicant's Career Service

Recommends :	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>	Disapproval
Reasons for recommending disapproval _____ _____ _____				

IV. Retirement Board

Recommends :	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>	Disapproval
Reasons for recommending disapproval _____ _____ _____				

V. Director of Personnel

Recommends :	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>	Disapproval
Reasons for recommending disapproval _____ _____ _____				

CHIEF: /s/ Harry S. Fisher : 7/1/72

20 JUN 1972

Director of Personnel

Date

VI. Action by Director of Central Intelligence :

Approved	<input checked="" type="checkbox"/>	Disapproved	<input type="checkbox"/>
Reasons for approval _____ _____ _____			

Richard Helms

Director of Central Intelligence	<input type="checkbox"/>	Date
----------------------------------	--------------------------	------

ADMINISTRATIVE

INTERNAL USE ONLY

1-1954

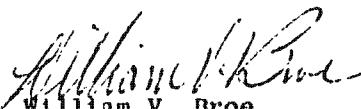
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MEMORANDUM FOR: Deputy Director for Plans

SUBJECT : Appointment of Mr. [redacted]  
as Chief, Branch 6, WH Division

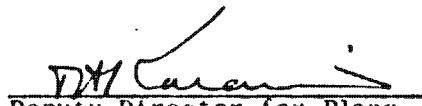
1. The appointment of Mr. [redacted] as Chief of Branch 6, WH Division effective on or about 12 April 1971 is recommended. Mr. [redacted] will replace Mr. Lawrence M. Stornfield who will assume the duties of Chief, Cuban Operations Group, WH Division.

2. Mr. [redacted] has been an employee of the Agency since June 1952; he has recently completed his assignment as COS, [redacted]. Attached is a biographic profile which reflects his training, foreign language proficiency, and Agency experience.

  
William V. Broe  
Chief  
Western Hemisphere Division

Attachment:  
Biographic Profile (Parts I and II)

The recommendation in Paragraph 1 is APPROVED:

  
D.H. Caran  
Deputy Director for Plans16 Apr 71  
Date~~SECRET~~

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**ROUTING AND RECORD SHEET**

**SUBJECT:** (Optional)

·WSLUGGAGE

ROUTING AND RECORD SHEET					
SUBJECT: (Optional) -WSLUGGAGE -					
FROM:			EXTENSION	NO.	
Director of Personnel 5 E 56, Headquarters			6825	HRSS - 1700	
TO: (Officer designation, room number, and building)		DATE		DATE	
		RECEIVED	FORWARDED	11 FEB 1971	
COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)					
<p>1. Deputy Director for Plans Attn: DDP/OP 3 C 29, Headquarters</p> <p>12 FEB 1971 JPM</p> <p>2.</p> <p>3. C/WH Division 3 D 3107, Headquarters</p> <p>VJY X</p> <p>4. Mr. [redacted]</p> <p>5. RRD/SD 1 AD 17 Headquarters</p> <p>6.</p> <p>7. Director of Personnel 5 E 56, Headquarters</p> <p>8.</p> <p>9. Chief, BSD/OP 5 E 61, Headquarters</p> <p>10.</p> <p>11.</p> <p>12.</p> <p>13.</p> <p>14.</p> <p>15.</p> <p><b>PLEASE HANDLE AS EYES ONLY MATERIAL.</b></p> <p>PLEASE CALL X-4078 FOR HAND-CARRY TO NEXT ADDRESSEE.</p> <p>4. This was held for your return.</p> <p>4-7. My wife was killed in May in front of my eyes. Her husband, her son, my younger brother, was shot during the struggle between the soldiers and the rebels. He is still in the hospital and she is now confined. PSEUDO NAME POUCH</p> <p>7. Let alone.</p>					

MEMORANDUM FOR: [REDACTED]  
SUBJECT : Foreign Divorce Decree

1. The purpose of this memorandum is to bring certain information to your attention which relates to the fact that your current spouse was a party to the dissolution in Mexico of a former marriage.

2. Recently, the Office of General Counsel completed a study of the validity of a Mexican divorce decree and potential problems arising from such a divorce for JKLANC employees concerned and JKLANC. A summary of OGC's study is attached.

3. You will note from the attachment that the employee whose current marriage follows a Mexican divorce may be confronted with serious problems affecting eligibility for payment of various government benefits such as reimbursement of hospitalization expenses, survivorship benefits and certain types of overseas allowances. My purpose in writing to you, therefore, is to be sure you are made aware of and understand the seriousness of the problems which would arise in the event of a challenge to the validity of the Mexican divorce and, consequently, to the validity of the current marriage. This challenge could arise at any time and from a number of sources.

4. JKLANC has another interest stemming from Mexican divorces and this is one of security, depending upon the employee's specific employment. In the event such a divorce is challenged, subsequent litigation and attendant publicity become quite probable. It is, of course, in JKLANC's best interest that this sort of activity be avoided where possible.

5. Recognizing that there are various types of Mexican divorce, and also that the various states in the United States have decided cases in different ways depending on the type of Mexican divorce involved and its own case law,

14-00000

you may wish to discuss your personal situation with your attorney or a representative of JKLANC's Office of General Counsel. In the meantime, however, JKLANC's position with respect to your situation is that it assumes the validity of your current marriage, unless the earlier Mexican divorce action and your current marriage are challenged. Should that challenge ever occur, it may be necessary for JKLANC to determine that your eligibility for benefits based on your current marriage must be suspended until such time as the challenge is litigated or otherwise resolved. Special note should be taken of the fact that such a challenge might arise after your death, possibly resulting in the distribution of insurance proceeds and other death benefits to other than your immediate family as constituted at your death and contrary to your own intentions and wishes.

6. Please advise me of your plans and any actions taken in connection with the above. If you have any questions on the substance of this memorandum or its purpose, please do not hesitate to let me know.

(S)



Att

Distribution:

- 0 - Addressee through DDP/OP and C/WH Division
- 1 - Director of "Security"
- 1 - General Counsel
- 1 - D/Pers Subject
- 1 - D/Pers Chrono
- 
- ✓ - OPF
- 1 - C/BSD

OP/RSD/RLAustin [ ] (10 Feb 71)

**SECRET**

27 JAN 1971

MEMORANDUM FOR: Director of Personnel

SUBJECT : Foreign Divorce Decrees,  
Agency Employees - Staff or Contract

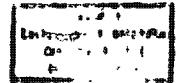
REFERENCE : Memorandum for Director of Security  
dated 18 December 1969 from the  
Director of Personnel

1. Mr. [redacted] was married to [redacted]  
[redacted] on 30 November 1965.

2. Mrs. [redacted] was granted a divorce at Juarez, Mexico  
on 17 June 1963.

*Harlan A. Westrell*  
Harlan A. Westrell  
Deputy Director  
For Personnel Security

**SECRET**



**SECRET**

SSA-D2/2 #71- 0895

40 MAY 1971 12642

MEMORANDUM FOR: Director of Personnel  
THROUGH : Deputy Director for Plans  
SUBJECT : Mr. [REDACTED] - Request  
for Approval of Ten Days of  
Additional Home Leave  
REFERENCE : HR 20-30b(3)(b)(10)

1. The circumstances surrounding Mr. [REDACTED]  
[REDACTED] departure from [REDACTED] where he had  
been Chief of Station, are described in the attached  
memorandum. Because of the [REDACTED] of his  
PCS transfer to Washington, Mr. [REDACTED] has requested  
an additional ten days of home leave. As he is a [REDACTED]

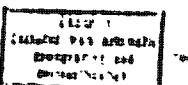
[REDACTED]  
of his additional home leave and the charge to his annual  
leave by adjusting Mr. Williamson's escrow leave account  
as appropriate.

2. Due to the nature of his transfer, Mr. [REDACTED]  
request for an additional ten days of home leave appears  
to be warranted. In accordance with the provisions of  
the referenced regulation, it is recommended that Mr.  
[REDACTED] request for an additional ten days of home  
leave be approved.

*James E. Kennedy*  
William V. Broo [REDACTED]  
Chief [REDACTED]  
Western Hemisphere Division

Attachment:  
As stated

**SECRET**



SECRET

- 2 -

SUBJECT: Mr. [REDACTED] - Request  
for Approval of Ten Days of  
Additional Home Leave

CONCUR:

R. Gordon Mason  
Deputy Director for Plans

25 May '71  
Date

The request in paragraph 2 is APPROVED

R. [REDACTED]  
Director of Personnel

25 May (2) 1  
Date

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SECRET

14 April 1971

MEMORANDUM FOR THE RECORD

SUBJECT: Home Leave - [redacted]

1. The following are the circumstances concerning my departure and home leave from [redacted]
  - a. My home leave and return for a second tour to [redacted] was approved by Chief, WH Division in the summer of 1970 for January 1971.
  - b. In October 1970 home leave and return orders were requested from [redacted] and physicals were taken.
  - c. In December 1970 home leave and return orders were received from the [redacted] based on the itinerary I had requested to be effective on or about 1 January 1971.
  - d. My departure scheduled for 3 January was deferred by the [redacted] based on operational considerations at the time.
  - e. On 8 January 1971 I was officially declared [redacted] by the [redacted]

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-2-

f. To give the public [redacted] was a [redacted] the Agency, and the [redacted] agreed to the postponement of my departure until 21 February 1971.

g. On 11 February 1971 I received [redacted] orders based on my previously requested itinerary for home leave and reassignment to Washington.

h. My home leave itinerary included five days annual leave in Mexico enroute and 25 days home leave reporting for duty on 5 April. I actually arrived in D. C. on 23 March and was fully occupied until 5 April in locating and renting a home and getting my family settled.

1. In accordance with [redacted] I have been credited with only 15 days home leave and the additional 10 days have been charged to annual leave.

2. I submit that the circumstances of my [redacted] from [redacted] and beyond my responsibility or control. The delay in departure definitely occurred because of operational requirements abroad which negated my original home leave schedule. I would like to request the granting of an exception to the 15 day home leave limitation to show my return to duty as of 23 March (the date I arrived in D. C.) rather than 5 April the date the [redacted] has me returning to duty.

[redacted]

SECRET

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(If blank, fill in)

DATE PREPARED

23 September 1970

REQUEST FOR PERSONNEL ACTION			
1. SERIAL NUMBER 060389	2. NAME (Last-First-Middle) [Redacted]		
3. NATURE OF PERSONNEL ACTION PRA - Pay Adjustment DRAFT - APPROVED - SEPTEMBER 1970		4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 09 20 70	5. CATEGORY OF EMPLOYMENT Regular
6. FUNDS [Redacted] ➤ CPT TO V	V TO V X CPT O	7. FINANCIAL ANALYSIS PCS CHARGEABLE 1135-0856	
8. ORGANIZATIONAL DESIGNATIONS DDP/WH Foreign Field Branch 2 Station		9. LOCATION OF OFFICIAL STATION [Redacted]	
10. POSITION TITLE Chief of Station (141)		11. POSITION NUMBER 0198	12. CAREER SERVICE DESIGNATION D
13. CLASSIFICATION SCHEDULE (GS, E.R., etc.) GS		14. OCCUPATIONAL SERIES 0136.05	15. GRADE AND STEP 15 6
16. REMARKS To add PRA information - PRA in accordance with HR 20-17e(1)(c) NFB: 09-14-72		\$ 26,700	
XHB WIT			

## 2 - Security

## 1 - Finance

17A. SIGNATURE OF REQUESTING OFFICIAL Henry L. Berthold C/WII/PGS	17B. DATE SIGNED 12-6-1970	18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	18C. DATE SIGNED 5/22					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
19. ACTION CODE 37	20. EMPLOYEE CODE 10	21. OFFICE CODING 51650	22. STATION CODE 101H	23. INTEGRITY CODE 11-069	24. MOBILITY CODE 3	25. DATE OF BIRTH MO DA YR	26. DATE OF GRADE MO DA YR	27. DATE OF LES MO DA YR
28. RIF EXPIRES 09-14-72	29. SPECIAL REFERENCE 83	30. RETIREMENT DATA - CSC - DEGR - FILE - RBL	31. SEPARATION DATA CODE CCCA	32. CORRECTION CANCELLATION DATA TYPE	33. MOBILITY DATA MO DA YR	34. SECURITY REG NO EOO DATA		
35. RET PREFERENCE CODE: 0-BEST 1-1 PT 2-10 PT	36. SEFT COMP DATE MO DA YR	37. LONG COMP DATE MO DA YR	38. CAREER CATEGORY FAR BEST PROT TEMP	39. FEET/FEAR/20-80 CODE: 0-UNITS 1-PTS	40. HEALTH INS CODE	41. SOCIAL SECURITY NO		
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE: 0-NO PREVIOUS SERVICE 1-NO CIVIL-10 SERVICE 2-CIVIL-10 SERVICE (WITH PAY 3 YEARS) 3-CIVIL-10 SERVICE (WITH PAY 3 YEARS)	42. LEAVE CAT CODE: 1-REG	43. FEDERAL TAX DATA FORM EXECUTED CODE: 1-PES 2-RR	44. STATE TAX DATA FORM EXECUTED CODE: 1-RR 2-RR	45. O.P. APPROVAL DATE APPROVED 09-25-70				
46. POSITION CONTROL CERTIFICATION 09-25-70				47. GROUP I EXEMPTION FROM ANNUAL PAYROLL AND SEPARATION PAY				

5-40 1152 USE PREVIOUS EDITION  
5-67

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GROUP I  
EXEMPTION FROM ANNUAL PAYROLL  
AND SEPARATION PAY

SECRET

SEARCHES

REQUEST FOR PERSONNEL ACTION								DATE PREPARED 19 APRIL 1968	
1 SERIAL NUMBER <b>060389</b>	2 NAME (First-Last-Middle) <b>[Redacted]</b>				3 NATURE OF PERSONNEL ACT. <b>REASSIGNMENT</b>		4 EFFECTIVE DATE REQUESTED MONTH      DAY      YEAR <b>05      19      68</b>		
5 PUNDS <b>►</b>		V TO V		V TO CP	6 FINANCIAL ANALYSIS NO CHARGEABLE <b>8135 0856</b>		7 LEGAL AUTHORITY (Completed by Office of Personnel) <b>REGULAR</b>		
8 ORGANIZATIONAL DESIGNATIONS <b>DDP/WH FOREIGN FIELD BRANCH 2</b>					9 LOCATION OF OFFICIAL STATION <b>[Redacted] STATION</b>				
10 POSITION TITLE <b>CDS-OFFICER - CHIEF OF STATION (C)</b>					11 POSITION NUMBER <b>0198</b>		12 CARRIER SERVICE DESIGNATION <b>D</b>		
13 CLASSIFICATION SCHEDULE (GA, SB, etc.) <b>GS</b>		14 OCCUPATIONAL SERIES <b>0136.05</b>			15 GRADE AND RPP <b>15 GS</b>		16 SALARY/SO RATE <b>\$ 20,203      1A 851-✓</b>		
17 REMARKS <b>FROM: DDP/WH/C OFFICE OF THE CHIEF/SLOT 1106 Wash. D.C.</b>									
18A SIGNATURE OF REQUESTING OFFICER <b>HENRY L. BERTHOLD C/WH/PERSONNEL</b>				DATE SIGNED <b>14 May 68</b>		18B SIGNATURE OF CARRIER SERVICE APPROVING OFFICER <b>10 May 68</b>			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19 ACTION CODE <b>SI</b>	20 EMPLOY CODE <b>10</b>	21 OFFICE CODING NUMERIC <b>01650</b>	22 STATION CODE ALPHABETIC <b>W.H. Wash.</b>	23 INTEGRIE CODE <b>[Redacted]</b>	24 HODINS CODE <b>3</b>	25 DATE OF BIRTH MO DA YE <b>NO DA YE</b>	26 DATE OF GRADE MO DA YE <b>NO DA YE</b>	27 DATE OF LEI MO DA YE <b>NO DA YE</b>	
28 BTL EXPENS <b>MO DA YE</b>	29 SPECIAL REFERENCE <b>1-EKA 2-OCRA 3-ICA 4-RCA</b>	30 RETIREMENT DATA CODE <b>[Redacted]</b>	31 SEPARATION DATA CODE <b>[Redacted]</b>	32 CORRECTION CANCELLATION DATA TYPE <b>[Redacted]</b>	33 SECURITY REG BD <b>EOD DATA</b>	34 SEC <b>REG BD</b>			
35 VET PREFERENCE <b>CO/CA 1-10 ME 2-10 PE</b>	36 SERV COMP DATE MO DA YE <b>[Redacted]</b>	37 LONG COMP DATE MO DA YE <b>[Redacted]</b>	38 CAREER CATEGORY CAT. RANK PROF. TEMP <b>[Redacted]</b>	39 FICA HEALTH INSURANCE CODE <b>1-101 1-101</b>	40 SOCIAL SECURITY NO HEALTH INS. CODE <b>[Redacted]</b>				
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE <b>0-NO PEO/PO SERVICE 1-NO BRAC SERVICE 2-CLEAR TO SERVICE LESS THAN 2 YEARS; 3-CLEAR TO SERVICE MORE THAN 2 YEARS;</b>	42 LEAVE EST CODE <b>[Redacted]</b>	43 FEDERAL TAX DATA FORM EXECUTED CODE <b>1-101 1-101</b>	44 STATE TAX DATA FORM EXECUTED CODE <b>1-101 1-101</b>						
45 POSITION CONTROL CERTIFICATION <b>[Redacted]</b>	46 C.P. APPROVAL <b>[Redacted]</b>	47 DATE APPROVED <b>[Redacted]</b>							

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1. NAME (Last, First, Middle)	2. DATE OF BIRTH	3. GRADE	
		GS-15	
4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment) DDP/WII/COG	5. PRESENT POSITION Ops Officer	6. EMPLOYEE EXTENSION 7451	
7. PROPOSED STATION	8. PROPOSED POSITION (Title, Number, Grade) Chief of Station, 0198		
9.	10. ESTIMATED DATE OF DEPARTURE June 1968	11. NO. OF DEPENDENTS TO ACCOMPANY 2	
12. COMMENTS			
13. DATE OF REQUEST 14 February 1968	14. SIGNATURE OF REQUESTING OFFICIAL	15. ROOM NUMBER AND BUILDING 3 D 5309 HQS	16. EXTENSION 4516
17. OFFICE OF MEDICAL SERVICES DISPOSITION			
18. OFFICE OF SECURITY DISPOSITION			
19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION QUALIFIED FOR OVERSEAS ASSIGNMENT OVERSEAS [Redacted] Chairman, Overseas Candidate Review Panel [Redacted] 03/11/68			
REQUEST FOR PCS OVERSEAS EVALUATION			

# 259a 1111111111

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REF ID: A6512

161

SECRET

1364

19 DEC 1967

MEMORANDUM FOR: Director of Central Intelligence

THROUGH : Deputy Director for Plans

SUBJECT : Appointment of Mr. [redacted]  
as Chief of Station, [redacted]  
[redacted]

1. The appointment of Mr. [redacted]  
as Chief of Station, [redacted] effective  
on or about June 1968 is recommended. Mr. [redacted]  
would replace Mr. Louis P. Napoli.

2. Mr. [redacted] has been an employee of the  
Agency since June 1952 and is presently assigned as  
Operations Officer, GS-15, Deputy Branch Chief of the  
WH/COG. Mr. [redacted] has served in Havana and [redacted]  
and has excellent command of the Spanish language. A  
biographic profile, including information regarding his  
Agency experience and training, is attached.

*William V. Broe*  
William V. Broe  
Chief  
Western Hemisphere Division

Attachment:  
Biographic Profile (Parts 1 & 2)

APPROVAL RECOMMENDED:

*T. M. Karan*  
Deputy Director for Plans

Date

The recommendation in Paragraph 1 is APPROVED:

*Richard L. Bissell*  
Director of Central Intelligence

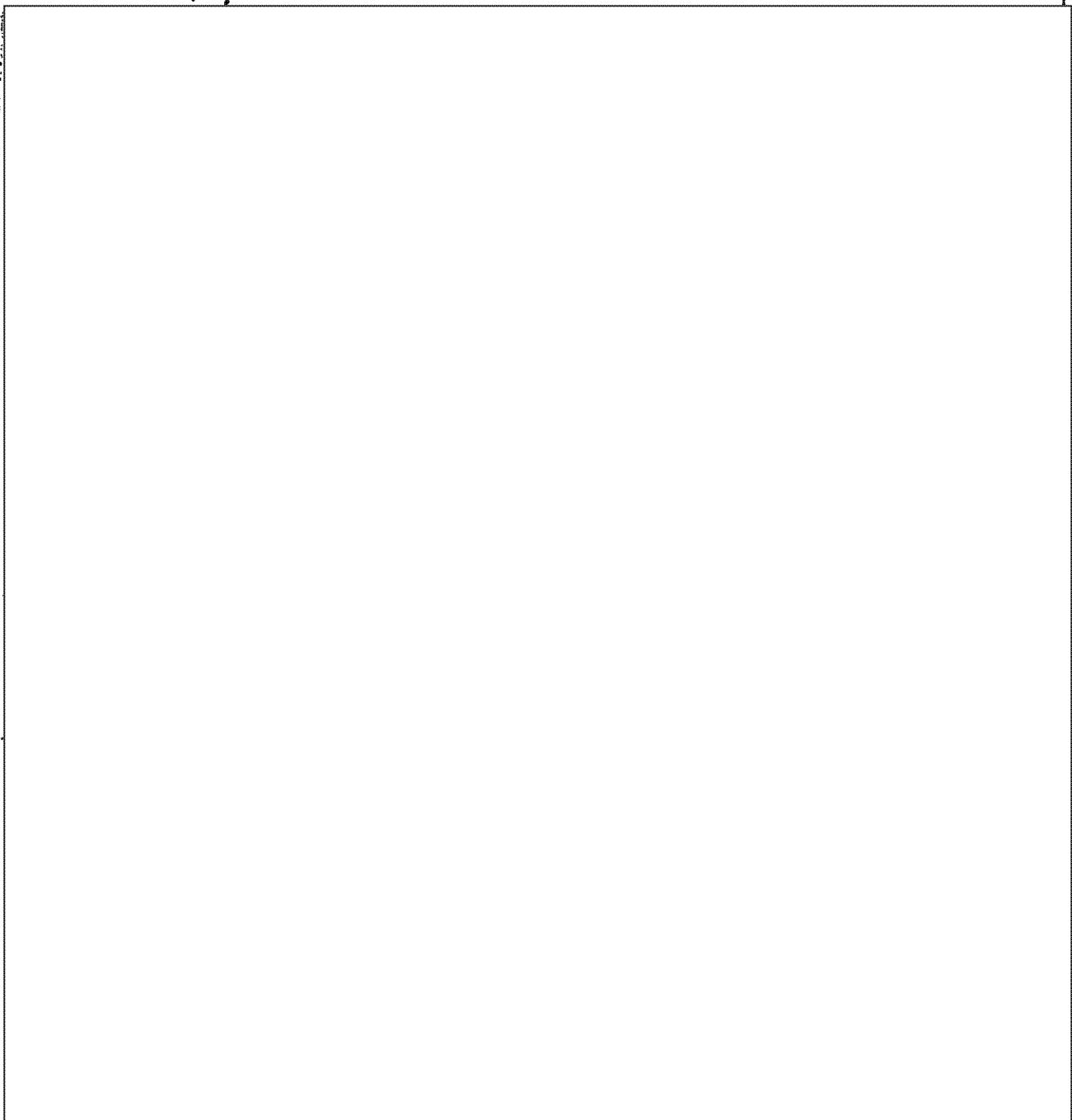
JAN 1968

Date

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~~CONFIDENTIAL~~

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(14 Jan 1964 Rev)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 27 JUN 66		
1 SERIAL NUMBER 060332	2 NAME (Last-First-Middle) [Redacted]							
3 NATURE OF PERSONNEL ACTION RELEASE FROM DUTY				4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 07 16 66	5 CATEGORY OF EMPLOYMENT CIVILIAN			
6 FUNDS DOD	V TO V	V TO O	C TO V	C TO O	7 COST CENTER NO CHARGE ABLE 7105 1162	8 LEGAL AUTHORITY (Completed by Office of Personnel)		
9 ORGANIZATIONAL DESIGNATIONS DOD/H WH/C OFFICE OF THE CHIEF				10 LOCATION OF OFFICIAL STATION WASH., D.C.				
11 POSITION DATA OPS DIRECTOR (P CH) (15) ✓				12 POSITION NUMBER 1105	13 CAREER SERVICE DESIGNATION			
14 CLASSIFICATION SCHEDULE (G.S., I.R., etc.) GS		15 OCCUPATIONAL SERIES 0126.01		16 GRADE AND STEP 15 1	17 SALARY GRADE \$ 1.22			
18 REMARKS From: WH/C, PI Branch, 0/C #1141  Replacement for Mr. [Redacted] who is transitioning to PE Div.								
18A SIGNATURE OF REQUESTING OFFICER [Signature] DATE SIGNED 27 JUN 66			18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Signature] DATE SIGNED 27 JUN 66					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
19 ACTION CODE 37	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC 21-161 ALPHABETIC 10A	22 STATION CODE 75013	23 INITIATE CODE CODE	24 HOURS CODE	25 DATE OF BIRTH MO DA YE	26 DATE OF GRAD MO DA YE	27 DATE OF LEI MO DA YE
28 WFE EXPIRES MO DA YE	29 SPECIAL REFERENCE CODE	30 RETIREMENT DATA 1-CSE 2-FCA 3-BOD	31 SEPARATION DATA CODE	32 CORRECTION CANCELLATION DATA TYPE MO DA YE	33 SECURITY REG RD			
35 VET PREFERENCE CODE 0-000 1-100 2-1000				36 SERV COMP DATA MO DA YE	37 LONG COMP DATA MO DA YE	38 CAREER CATEGORY CODE PROV TEMP	39 HIGH HEALTH DISABILITY CODE 0-00-000 1-00-000	40 SOCIAL SECURITY NO
41 PREVIOUS COMBINED WORKER DATA CODE 0-00-PREV-000-0 1-00-PREV-0-000-0 2-000-PREV-000-000-0 3-0000-PREV-000-000-000-0				42 LEAVE CAT CODE	43 FEDERAL TAX DATA CODE	44 STATE TAX DATA CODE	45 MEDICAL TAX DATA CODE	46 LIFE INSURANCE CODE
47 POSITION CONTRACT CERTIFICATION CODE				48 Q.P. APPROVALS CODE	49 APPROVED CODE			
07-15-66-13							07-15-66	

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14-00000 1112 USA PERSONNEL SERVICE

14-00000 1112 USA PERSONNEL SERVICE

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14-0000 Form 101

DATE RELEASED

13 January 1966

REQUEST FOR PERSONNEL ACTION							
1. SERIAL NUMBER 060389	2. NAME (Last, First, Middle)			3. DATE REQUESTED			
4. NATURE OF PERSONNEL ACTION REASSIGNMENT				5. EXECUTIVE DATE REQUESTED MONTH DAY YEAR 62 1 66		6. CATEGORY OF EMPLOYMENT REGULAR	
7. FUNDS DDP/WH WH/C		V TO V CE TO V	V TO CP X CE TO CP	8. COST CENTER NO CHARGE ARE 6135-1162		9. LEGAL AUTHORITY (Completed by Office of Personnel) 10. LOCATION OF OFFICIAL STATION Washington, D.C.	
11. POSITION TITLE OPS. OFFICER (CH) (D)				12. POSITION NUMBER 1148 ✓		13. CAREER SERVICE DESIGNATION P	
14. CLASSIFICATION SCHEDULE (GS, TS, etc.) GS (15)		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 15 (4) —		17. SALARY OR RATE \$18,825	
18. REMARKS From: DDP/WE #0397. Vice John H. SHERWOOD, pending reassignment to DDP/FE, South Vietnam.							
CONCURRENCE: Chief, NS/Personnel				Recorded By CSB S/D			
19. ACTION CODE 20. EXPIRES MO DA YR				DATE SIGNED 18 Jan 66		18. SIGNATURE OF CAREER SERVICE APPROVING OFFICER ROBERT D. CASHMAN, CASN/Pers	
21. SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
22. OFFICE CODING NUMERIC ALPHABETIC		23. STATION CODE		24. MOIS CODE		25. DATE OF BIRTH MO DA YR	
26. RETIREMENT DATA MO DA YR		27. SEPARATION DATA CODE		28. CORRECTION CANCELLATION DATA TYPE		29. DATE OF GAIN MO DA YR	
30. PAY PERIOD CODE		31. PAY PERIOD CODE		32. PAY PERIOD CODE		33. SECURITY DATA 000 00	
34. PREVIOUS GOVERNMENT SERVICE DATA CODE		35. PAY PERIOD CODE		36. PAY PERIOD CODE		37. PAY PERIOD CODE	
38. PAY PERIOD CODE		39. PAY PERIOD CODE		40. PAY PERIOD CODE		41. PAY PERIOD CODE	
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S E C R E T

Chief of Station Director of Personnel 

MESSAGE -  - Notification of Designation as a Participant in  
the Organization Retirement and Disability System

Action: Advise Subject

REF: Book Dispatch 5096

1. Subject has been found to be qualified as a participant in the Organization Retirement and Disability System and has been so designated effective 24 October 1965.

2. Although such designation under present statutes is viewed favorably by most persons, the regulation governing this retirement system gives the individual the right to appeal such a determination if he deems the designation adverse to his best interests. In order that this technical requirement may be satisfied, Subject should be notified promptly of his designation and of his right to appeal. Any questions he may have should be answered in accordance with information contained in Book Dispatch 5096 or referred to Headquarters. An appeal with reasons therefore must be received in Headquarters within 60 days of the date of this dispatch or acceptance of designation will be assumed.

3. We believe that the benefits of the Organization retirement system are superior to the benefits of the Civil Service retirement system. However, there are a few situations in which an employee at the time of retirement may have so many years of service (almost 37) that he would receive a higher annuity under the Civil Service system. Because of this, the policy decision has been made that a participant in the Organization system who would receive a higher annuity under the Civil Service system may, not later than one year prior to his retirement, apply to be removed from our system and transferred to the Civil Service system. Thus, Subject should not anticipate this contingency as a factor in deciding whether he regards his designation as a participant adverse to his best interests.

OABC - 2591 1 Dec. 65

1 DEC 1965

SECRET

(U) As of 1 July 1965)

REQUEST FOR PERSONNEL ACTION								DATE PREPARED			
1 SERIAL NUMBER				2 NAME (Last-First-Middle)				13 Oct. 1965			
060309											
3 NATURE OF PERSONNEL ACTION DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM				4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 10 24 65				5 CATEGORY OF EMPLOYMENT REGULAR			
6 FUNDS		Y TO Y		Y TO CP		7 LAST CENTER NO. CHARGE ABLE		8 LEGAL AUTHORITY (Completed by Office of Personnel) PL 88-643 Sect. 203			
81 ORGANIZATIONAL DESIGNATIONS DDP/WE FOREIGN FIELD STATION OFFICE OF THE CHIEF				10 LOCATION OF OFFICIAL STATION							
11 POSITION TITLE OPS OFF (DCS)				12 POSITION NUMBER 0897				13 CAREER SERVICE DESIGNATION D			
14 CLASSIFICATION SCHEDULE (G.V. F.B. etc.) G3		15 OCCUPATIONAL SERIES 0136.01		16 GRADE AND STEP 15 4		17 SALARY OR RATE \$ 18,170					
18 REMARKS EMPLOYEE WILL BE NOTIFIED BY DISPATCH FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND OF HIS RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.											
19A SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED 3 OCT 1965		19B SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED	
20 SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19 ACTION CODE 28	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC	22 STATION CODE ALPHABETIC	23 INTRIGUE CODE CODE	24 HOURS CODE	25 DATE OF BIRTH MM DD YY 3	26 DATE OF GRADE MM DD YY 07 16 62	27 DATE OF LI MM DD YY 09 12 65			
28 MM EXPIRES MO DA YY	29 SPECIAL REFERENCE 1-EK 3-FEA 5-BNE	30 RETIREMENT DATA CODE	31 SEPARATION DATA CODE CODE	32 CORRECTION CANCELLATION DATA TYPE	33 SECURITY REQ. NO REQ NO	34 SEC					
35 RET PREFERENCE CODE	36 MRN LONG DATE MO DA YY	37 LONG COMP DATE MO DA YY	38 CAREER CATEGORY CAREER PROG. PERIOD CODE	39 FED. HEALTH INSURANCE CODE	40 SOCIAL SECURITY NO						
41 POSITION GOVERNMENT SERVICE DATA CODE	42 LEAVE CAT CODE	43 FEDERAL TAX DATA CODE	44 STATE TAX DATA CODE	45 O.P. APPROVAL	46 DATE APPROVED 14 Oct 65						
10 - 1416-5 11 -											

Form 1152, 1st Rev., 1-65

SECRET

(U) As of 1 July 1965  
This form is "1st Rev." prepared by  
2020 RELEASE UNDER E.O. 14176

14-00000

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DIP CITE [redacted] 6406

3 Dec 65 IN 07186

ADMIN PERS

[redacted] HAS RECEIVED WIROM 624 RE RESIGNATION MR. [redacted]

[redacted] AND SHIPMENT HHE TO JACKSONVILLE FLORIDA. [redacted]

AND WIFE SAILED 1 DECEMBER AND ARRIVE NEW YORK 9 DECEMBER.

PRESUME HE WILL REPORT HQS 13 DEC. [redacted] MAY NOT SHIP HHE  
UNTIL FULL SHIPPING ADDRESS SUPPLIED. FYI EMPLOYEE DID NOT  
SUBMIT RESIGNATION TO [redacted] PRIOR DEPARTURE [redacted]

IS REQUESTING SHIPPING ADDRESS INFO FROM [redacted] BY [redacted]

~~SECRET~~

CFN; 6406 WIROM 624 MR [redacted] HHE JACKSONVILLE FLORIDA

1 NEW YORK 9 HQS 13 NOT SHIP HHE FYI NOT SUBMIT [redacted]

BT

~~SECRET~~

14-00000

CC: J. T. M. W. R.

14-00000

BT

**SECRET**

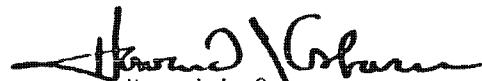
29 JUL 1956

MEMORANDUM FOR: Director of Personnel

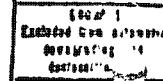
SUBJECT : [redacted]

1. Attached are the papers pertaining to the request of Mr. [redacted] to remain with the Agency following his marriage to Miss [redacted] a Cuban citizen residing in [redacted]

2. [redacted]

  
Howard J. Odorn  
Director of Security

**SECRET**



SECRET

EYES ONLY

WY'S-5YJO

65-410568

26 JUL 1965

MEMORANDUM FOR: Deputy Director for Central Intelligence

THROUGH : Director of Personnel

SUBJECT : Request of [redacted] GS-15, to  
Remain in the Employment of CIA Following  
Marriage to an Alien

1. This memorandum submits a recommendation for your approval:  
this recommendation is contained in paragraph 7.

2. Mr. [redacted] a CS-15 Operations Officer, has  
requested permission to remain in the employ of CIA as a Staff  
Employee following his marriage to Miss [redacted] a 26 year  
old Cuban citizen living in [redacted]. The marriage is scheduled to  
take place in October 1965.

3. Mr. [redacted] 50 years old, attended Loyola University in  
1947-48 and Berlitz School of Languages in 1948. Prior to joining  
CIA, Mr. [redacted] served with the U.S. Army (1942-49) achieving the  
rank of 1st Lieutenant in CIC. Subsequently, he was Chief, Civil  
Intelligence Branch in the Panama Canal Government (1949-52).  
Mr. Williamson entered on duty with CIA in June 1952 as a GS-12  
Operations Officer with WH Division. In January 1953 he was appointed  
DCOS, Havana, remaining in this position until January 1959 when he  
was reassigned to Headquarters. In August 1960 Mr. Williamson was  
assigned to [redacted] and in 1963 was appointed DCOS, [redacted] which is  
the position he presently occupies.

4.

5. Chief, WE Division strongly believes on the basis of past  
performance and proven ability that Mr. [redacted] is the kind of  
officer whom the Agency should retain. Mr. [redacted] record to  
date shows that he is a mature, experienced, and dedicated officer,

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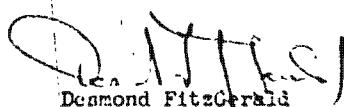
EYES ONLY

SECRET  
EYES ONLY

who has spared no effort to expand and improve the [redacted] coverage in his area of assignment. WE Division and WI Division, where Mr. [redacted] will be reassigned, foresee no difficulty, adverse effect in future usefulness or mobility as a result of this marriage.

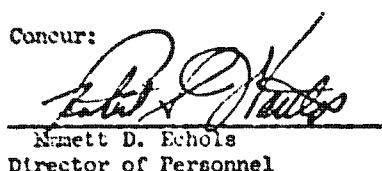
6. I have reviewed Mr. [redacted] employment record and consider him an able and valuable member of the Clandestine Services. He has consistently performed his duties well, has strong to outstanding Fitness Reports, and is a definite asset to the Agency. I believe that the proposed marriage will not detract from his long term use by the Clandestine Services.

7. In view of the above consideration, I recommend that Mr. [redacted] be continued in Staff Employment Status following his proposed marriage.

  
Desmond Fitzgerald  
Deputy Director for Plans

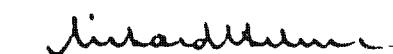
Attachments

Concur:

  
Emmett D. Echols  
Director of Personnel

2 AUG 65  
Date

The recommendation contained in paragraph 7 is approved:

  
Richard Helms  
Deputy Director for Central Intelligence

3 AUG 1965  
Date

SECRET  
EYES ONLY

SECRET

16 JUL 1965

MEMORANDUM FOR: Chairman, Personnel Management Committee

SUBJECT : Request of Mr. [REDACTED] GS-15,  
to Remain in Staff Status Following  
Marriage to an Alien

1. Attached is a request from Mr. [REDACTED] for permission to continue in a staff status with the Agency following marriage to a Cuban citizen. WE Division strongly recommends favorable consideration.

2. Mr. Williamson is a fifty year old officer who entered on duty with the Agency in 1952. He has been assigned to the [REDACTED] Station since October 1960 where he has served as the Deputy Chief of Station and since May 1964 as the [REDACTED] Coordinator for Cuban Activities. Since his assignment to the [REDACTED] Station, Mr. [REDACTED] performance has been outstanding. He is a mature, experienced, and well-rounded officer who is particularly well-suited for Agency employment. In every sense of the word, Mr. [REDACTED] is a dedicated officer who has spared no effort to expand and improve the [REDACTED] coverage in his area of assignment.

3. WE Division concurs with the Chief of Station, [REDACTED] who has stated that he does not believe that Mr. [REDACTED] marriage will adversely affect in any way his future usefulness or mobility of assignment in the Agency. Mr. [REDACTED] plans to proceed with the marriage in October 1965 shortly prior to his return for reassignment to WH Division. Informal discussion with WH Division has indicated that they foresee no difficulty with their plans for Mr. [REDACTED] were he to marry this alien as planned. Mr. [REDACTED] is [REDACTED] in the [REDACTED] and will be required to submit a similar request after Agency decision is received if he retains his [REDACTED] in his next assignment.

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4. WE Division strongly believes that on the basis of his past performance and proven capability, Mr. [REDACTED] is the kind of officer whom the Agency should retain. We therefore, recommend that you favorably endorse his request and forward it to the Deputy Director of Central Intelligence for consideration.

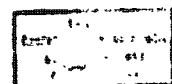


William D. O'Ryan  
Chief  
Western Europe Division

ATTACHMENTS:

- A. Employee's Request to Marry
- B. Letter of Resignation
- C. RYBAT Attachment to OSMT-4211
- D. Proposed Spouse's Intent to Become a Citizen
- E. Proposed Spouse's Biographic Data

SECRET



<b>DISPATCH</b>		<b>CLASSIFICATION</b> <del>SECRET</del>	<b>PROCESSING</b>												
<b>TO</b> Chief, WB		<b>INFO</b> <b>FROM</b> Chief of Station,	<b>POLY POINT</b> <b>ACTION</b> <b>ACTION PUSHED</b> <input type="checkbox"/> <b>WORD FOR INDEXING</b> <input checked="" type="checkbox"/> <b>REMITTING REQUIRED</b> <input type="checkbox"/> <b>ONE SEARCHED</b> <input type="checkbox"/> <b>HEADQUARTERS INDEX</b> <input type="checkbox"/> <b>EX-FILE</b> <input type="checkbox"/> <b>BURNT</b>												
<b>SUBJECT</b> <del>████████████████████████████</del> - Application to Marry an Alien <b>ACTION REQUIRED REFERENCES</b>															
<p><del>████████████████████████████</del> application for permission to marry an alien is transmitted to Headquarters with my strong recommendation that it be promptly approved and he be so notified.</p> <div style="border: 1px solid black; width: 100%; height: 150px; margin-top: 10px;"></div> <p>I have no reservations whatsoever - mental or otherwise - with respect to the security aspects of this marriage - as far as I have been able to ascertain, none exist. I do not feel that <del>████████</del> marriage to this young lady should in any way restrict his future assignments.</p> <p>I urge speedy and favorable processing of this application.</p> <p style="text-align: right;"><i>Woodrow C. Oliver</i> WOODROW C. OLIVER</p>															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">DATE REC'D</td> <td style="width: 50%;">DATE APPROVED</td> </tr> <tr> <td>1 Jul 05</td> <td>2 Jul 05</td> </tr> <tr> <td colspan="2">CABINETS APPROVED AND INDEXED</td> </tr> <tr> <td colspan="2">EX-FILE APR 05</td> </tr> <tr> <td colspan="2">NO RECOMMENDATION FOR INDEXING</td> </tr> </table>						DATE REC'D	DATE APPROVED	1 Jul 05	2 Jul 05	CABINETS APPROVED AND INDEXED		EX-FILE APR 05		NO RECOMMENDATION FOR INDEXING	
DATE REC'D	DATE APPROVED														
1 Jul 05	2 Jul 05														
CABINETS APPROVED AND INDEXED															
EX-FILE APR 05															
NO RECOMMENDATION FOR INDEXING															
<del>SECRET</del>															

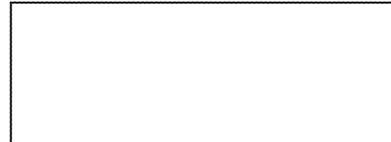
14-00000

SUBJECT: Request for permission to marry Miss [redacted]  
a Cuban citizen.

In compliance with PR-20-5b(1), the writer hereby requests  
permission to marry Miss [redacted] a Cuban citizen, and per-  
mission to remain in the employ of the Organization after marriage.

The following attachments are forwarded with this request:

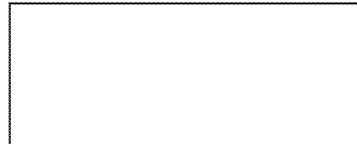
- (a) Completed Form I-140
- (b) Certificate of Miss [redacted] of intent to become  
a United States citizen.
- (c) One passport size photograph.
- (d) Letter of resignation.



14-00000

10 June 1965

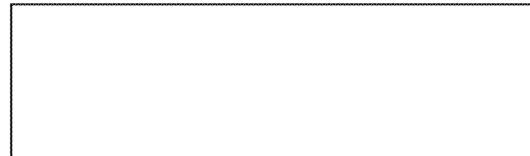
In compliance with FR-20-5 para. b(1), the writer hereby  
recites his intent to marry Miss [redacted] a Cuban citizen,  
with the understanding that the Organization may not permit me  
to remain employed after marriage. Therefore this letter can  
be considered as a resignation notice, said resignation to  
become effective not later than 45 days after the date of  
marriage, if permission is not obtained and the marriage occurs.



10 June 1965

TO WHOM IT MAY CONCERN:

This is to certify that as soon as possible after my  
marriage to [redacted] I intend to become a citizen  
of the United States.



**SECRET**

REQUEST FOR PERSONNEL ACTION							DATE PREPARED 12 AUGUST 1963
1. SERIAL NUMBER <b>060389</b>	2. NAME (Last-First-Middle)						
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>				4. EFFECTIVE DATE REQUESTED <b>MONTH DAY YEAR 10 16 63</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>	
6. FUNDS <b>►</b>	V TO V <b>CF TO V</b>	V TO CF <b>CC CF TO CF</b>		7. COST CENTER NO. CHARGEABLE <b>4136-6400-1017</b>		8. LEGAL AUTHORITY (Completed by Office of Personnel) <b>DDP WE STATION OFFICE OF THE CHIEF</b>	
9. ORGANIZATIONAL DESIGNATIONS <b>DDP WE STATION OFFICE OF THE CHIEF</b>				10. LOCATION OF OFFICIAL STATION <b>[Redacted]</b>			
11. POSITION TITLE <b>OPS OFFICER - DCOS</b>				12. POSITION NUMBER <b>0897</b>	13. CAREER SERVICE DESIGNATION <b>D</b>		
14. CLASSIFICATION SCHEDULE (OS, LS, etc.) <b>JS</b>		15. OCCUPATIONAL SERIES <b>0136.01</b>	16. GRADE AND STEP <b>15 8-2</b>	17. SA <b>14,503 15,045</b>			
REMARKS <b>FROM: [Redacted] STATION/0400 (unrest)</b>							
<b>RECORDED BY CSPD Jm</b>							
18. [Redacted]				DATE SIGNED	19. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED <b>20-6-63</b>
AC/WE/PT							
STICK BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
20. ACTION CODE <b>37 10</b>	21. OFFICE CODE <b>50601WE 67053</b>	22. LAST 6 DIGITS OF SSN <b>67053</b>	23. INTERVIEW CODE <b>3</b>	24. MOODING CODE <b>3</b>	25. DATE OF BIRTH <b>M 08 18</b>	26. DATE OF HIRE <b>NO 08 18</b>	27. DATE OF LES <b>NO 08 18</b>
20. DATE EXP. RES. <b>NO 08 18</b>	21. SPECIAL REFERENCE <b>1 = CSC 2 = FICO 3 = DOD</b>	22. RET. REPORT DATA <b>SURG</b>	23. SEPARATION DATA CODE <b>TYPE</b>	24. CORRECTION/CANCELLATION DATA <b>TYPE</b>	25. SECURITY REG. NO. <b>30-6-63</b>	26. SECURITY REG. NO. <b>30-6-63</b>	27. SECURITY REG. NO. <b>30-6-63</b>
28. RET. PREFERENCE <b>CODE</b> <b>1 = NONE 2 = 10-10 3 = 12-12</b>	29. SSN, COMB. DATE <b>NO 08 18</b>	30. LAST 6 DIGITS OF SSN <b>67053</b>	31. CAREER CATEGORY <b>CARRIER PROV/TEMP</b>	32. FEDEX / HEALTH INSURANCE <b>CODE 0 = NO 1 = YES</b>	33. FEDEX / HEALTH INSURANCE <b>CODE 0 = NO 1 = YES</b>	34. SOCIAL SECURITY NO. <b>30-6-63</b>	35. STATE TAX DATA <b>STATE CODE</b>
36. PREVIOUS GOVERNMENT SERVICE DATA <b>CODE</b> <b>1 = NO PREVIOUS SERVICE 2 = PREVIOUS SERVICE 3 = SAME IN SERVICE (LESS THAN 3 yrs) 4 = SAME IN SERVICE (MORE THAN 3 yrs)</b>	37. LAST CAT. CODE	38. FEDERAL TAX DATA <b>FORM EXEMPTIONS 1 = YES 2 = NO</b>	39. STATE TAX DATA <b>FORM EXEMPTIONS 1 = YES 2 = NO</b>	40. STATE TAX DATA <b>FORM EXEMPTIONS 1 = YES 2 = NO</b>	41. STATE TAX DATA <b>FORM EXEMPTIONS 1 = YES 2 = NO</b>	42. STATE TAX DATA <b>FORM EXEMPTIONS 1 = YES 2 = NO</b>	43. STATE TAX DATA <b>FORM EXEMPTIONS 1 = YES 2 = NO</b>
44. POSITION CONTROL CERTIFICATION <b>71261-1061-3</b>				45. O.P. APPROVAL		46. DATE APPROVED <b>Br J.P.L.</b>	

**SECRET**

DD/P 3-3632

**MEMORANDUM FOR: Deputy Director (Plans)****SUBJECT : Appointment of Mr. [REDACTED] as  
Deputy Chief of Station, [REDACTED]**

1. The appointment of Mr. [REDACTED] as Deputy Chief of Station, [REDACTED] effective on or about 25 October 1963, is recommended. Mr. [REDACTED] will occupy a new position.

2. Mr. [REDACTED] has been an employee of the Agency since June 1952, and is presently assigned as Operations Officer, GS-15. A biographic data sheet, including information regarding his Agency experience and training, is attached.

  
WILLIAM D. O'RYAN  
Chief  
Western Europe Division

I Attachment:  
Biographic Profile (Part 1)

The recommendation in paragraph 1 is APPROVED:

Lieutenant  
Deputy Director (Plans)4 - NOV 1963  

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(Date)**SECRET**

S E C R E T

13 March 1963

## MEMORANDUM FOR THE RECORD

SUBJECT: Salary Adjustments Upon Promotion

1. The following CANS Officer was promoted effective 16 September 1962, shortly before the effective date of the Salary Reform Act of 1962. Had the promotion been processed as of the effective date of the Act, 16 October 1962, he would have received substantial additional salary benefits as indicated below.

2. The purpose of this memorandum is to record the salary disadvantage which may continue to apply to this officer in comparison to those now junior in rank but who may accrue a salary advantage over such senior officers upon promotion through the operation of this Act.

Name	Salary Upon Promotion	Salary if Promoted or 1 <sup>st</sup> October 1962
[Redacted]	\$13730 - \$14565	\$15045

[Redacted]  
Secretary, Clandestine Services  
Career Service Board

S E C R E T

S E C R E T

20 August 1962

MEMORANDUM FOR: Clandestine Services Career Service Section A  
SUBJECT : Recommendation for Promotion - Mr. [redacted]

1. Since October 1960, Mr. [redacted] has served as Deputy Chief of the [redacted] Station, and during an extended period of this time, he was Acting Chief of Station. His performance has been outstanding. Not only has he assisted his Chief in the management of the Station, but simultaneously managed to reinvigorate [redacted] which was the particular area of responsibility originally assigned to him. His service has been noteworthy not only for his vigor in initiating new activities but also for his balanced, yet energetic, cutting away of deadwood, useless procedures and purposeless activity.

2. In recent months, in part on his own initiative, and later under forced draft at Headquarters direction, Mr. [redacted] has been instrumental in mounting an active operational program targeted against [redacted]. Due almost entirely to the imagination, energy, and effort which he has applied, this program has already had considerable success in the acquisition of intelligence and the recruitment of agents, and promises to be even more productive in the future.

3. Mr. [redacted] activity since his assignment to [redacted] is clearly of outstanding caliber and it is noteworthy that the present Chief of Station as well as the preceding Chief of Station have both, on the record, rated him as exceptionally able, energetic, and mature. Mr. [redacted] has been in his current grade since December 1956. In view of the considered judgment concerning the value of his performance in [redacted] his good administrative qualities, his obvious maturity, energy, judgment and experience, it is strongly recommended that Mr. [redacted] be promoted to grade GS-15.

*William D. O'Ryan*  
WILLIAM D. O'RYAN  
Acting Chief  
Western Europe Division

GROUP I  
Excluded from automatic  
Downgrading and declassification S E C R E T

<b>DISPATCH</b>		CLASSIFICATION REF ID: <b>[REDACTED]</b>	DATE - SOURCE AND FILE <b>S-17-2623</b>
TO <b>Chief, E</b>		HEADQUARTERS FILE PAGE	
FROM <b>Chief of Station [REDACTED]</b>		DATE <b>19 January 1962</b>	
SUBJECT <b>Administrative/Financial Recommendation for Promotion</b>		FILE NUMBER - <b>CHIEF X-1001</b> MARKED FOR INDEXING NO INDEXING REQUESTED INDEXING CAN BE REQUESTED BY GUARDED HQ. DESK ONLY	
ACTION PERIOD <b>for below</b>		REFERENCES	
<p>1. Subject is a mature, experienced, well-rounded operations officer and administrator. For the past fifteen months he held the position of Deputy Chief of the [REDACTED] station. In an extended period of time during that period he was Acting Chief of Station. As can be seen from his report will submit he has at all times discharged his responsibilities in an outstanding manner. In addition to the approximately four months that I have been able to observe subject's performance at this post, I also had the privilege of serving with him at Helms and I ver ther, as I am now, impressed with his professional competence and his fine personal attributes. In every service of the word, subject is a dedicated officer who works "around the clock" in his efforts to expand and improve [REDACTED] coverage in this area.</p> <p>2. Considerable credit is due to subject for the improvement of our relations with the [REDACTED] during the past three months. He has spent a considerable amount of time and effort in bringing about needed reforms and economies in the operation of our [REDACTED] cutting many deadwood and streamlining the actual operations. In addition, subject has been particularly effective in [REDACTED]</p> <p>3. The attached Bureau report speaks for itself. Subject has been in his current rank since October 1956. Given his age, his experience and maturity, and his consistently fine performance in his current position, I strongly urge that he be actively considered for promotion to C-13 at the next appropriate annual meeting.</p> <p style="text-align: right;">_____ [REDACTED]</p> <p>D. John R. 1962</p> <p>Attachment: Fitness Report (1)</p> <p>Intelligence</p> <p>- 1 -</p>			

## DISPATCH

SECRET

COM-2212

TO  
Chief, WB  
DIAFROM  
Chief of Station, [REDACTED] RIF  
SUBJECT  
Administrative/Personnel  
Recommendation for Promotion of [REDACTED]  
ACTION REQUIRED  
See para 2 below  
REFERENCE  
OSHT-2208, 5 May 61

10 May 1961

RE: [REDACTED] CHIEF OF STATION  
 MAILED FOR APPROVAL  
 NO ENDING REQUIRED  
 INDENTURE CAN BE ISSUED  
 BY QUALIFIED HQ DELEGATE

1. As reflected in his most recent Fitness Report, Subject, who has been serving as Deputy Chief of Station and Chief of [REDACTED] at this Station, has demonstrated outstanding talents in management of personnel and their activities, developing [REDACTED] in operations both joint and independent. Because of my confidence in him, which is apparently shared by Headquarters, he is being retained here for a long period as Acting Chief of Station after my departure. As I have said in his Fitness Report, he is the best deputy I have had in my [REDACTED] career and altogether an outstanding officer.

CIA

2. Subject has been in grade four and a half years as a GS-14 and because of his outstanding qualifications, I recommend he be immediately considered for promotion to GS-15.

ALONIBALD ROOSEVELT

5 May 1961

Distribution:  
 3 - C/WB

SECRET

F1 file

4 March 1954

MEMORANDUM FOR: Personnel Officer, PI

SUBJECT: [REDACTED]  
Recommendation for Promotion

1. Mr. [REDACTED] has been with the WH Division since June 1952 and at the Havana station since 17 January 1953. With approximately eight months headquarter training he has worked into a position demanding extremely sensitive [REDACTED] work. His efforts have been highly successful and are marked by an excellent grasp of the problems involved. Mr. [REDACTED] also acts as Chief of Station during any absence of the Chief. The variety of problems he encounters are met with considerable ability.
2. The promotion of Mr. [REDACTED] to the next higher grade is recommended, in view of the excellent performance of his present responsibilities. He has demonstrated his capacity to perform fully and effectively in a field assignment.

J. C. KING  
Chief, WH

SECRET

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER	2. NAME (Last-First-Middle)					12 September 1962	
060389 ✓							
3. NATURE OF PERSONNEL ACTION <b>PROMOTION</b>						4. EFFECTIVE DATE REQUESTED	
						MONTH DAY YEAR 09 16 62	5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>
6. FUNDS	V TO V	V TO CF	7. COST CENTER NO. CHARGEABLE CODE			8. LEGAL AUTHORITY (Completed by Office of Personnel) 3136-6400-1017	
	CF TO V	XX CF TO CF					
9. ORGANIZATIONAL DESIGNATIONS DDP WE STATION BRANCH						10. LOCATION OF OFFICIAL STATION [Redacted]	
11. POSITION TITLE OPS-OFF-D-BRANCH OPS OFFICER						12. POSITION NUMBER 400	13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS		15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 15 1		17. SALARY OR RATE 13,730		
18. REMARKS PRA in accordance with HR 20-21c.(1) in order to complete two year tour of duty.							
				19. SIGNATURE OF CAREER SERVICE APPROVING		DATE SIGNED	
C/WE/PT						4 SEP 1962	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
20. ACTIV EMPLOYEE CODE	21. CIV-CT CODES	22. STATION CODE	23. INTE RANK CODE	24. RATES CODE	25. DATE OF BIRTH	26. DATE OF GRAD	27. DATE OF RET
22 10	6-2660	CCIE	67033	3	MM DD YY	MM DD YY	MM DD YY
28. DATE EXPIRES	29. END A. 30. RETIREMENT DATE	31. SEPARATION DATA 2010	32. COMMISSION/CANCELLATION DATA	33. SECURITY REG. NO.	34. SEA		
MM DD YY 180	CODE	CODE	CODE	CODE	CODE		
35. PREFERENCE	36. SERV. COMP. DATE	37. END COMP. DATE	38. CAREER CATEGORY	39. FED. / HEALTH INSURANCE	40. SOCIAL SECURITY NO.		
CODE 1 - home 2 - 5.9% 3 - 10.4%	MM DD YY MM	MM DD YY YY	CARRIER PROV-TEMP	CODE D - civilian F - temp	CODE		
41. PREVIOUS POSITION SERVICE DATA	42. MILITARY CAT. CODE	43. PICTOR. TBS DATA	44. STATE TAB DATA				
4004 1 - no previous service 2 - no service in service 3 - previous service listed below 4 - previous service in the same branch	CODE	CODE	CODE	CODE	CODE		
45. POSITION CONTROL CERTIFICATION J. P. [Signature] 1/1/62	46. O.P. APPROVAL	DATE APPROVED					
						4 SEP 1962	

1152 1152 1152 1152

SECRET

143

CONFIDENTIAL

MEMORANDUM FOR: Chief, Records & Services Division  
Office of Personnel

SUBJECT [REDACTED] Promotion of [REDACTED]

1. The [REDACTED] has informed this office that effective  
April 1, 1962 subject employee was promoted from  
[REDACTED] \$10,555 to [REDACTED] \$10,645

2. Request this notice be placed in the official folder  
of the employee concerned. [REDACTED]

Chief, Central Cover Group

cc: Operating Component Compensation  
and Tax Accounts Branch

CONFIDENTIAL

**SECRET**  
(When Filled In)

V to V UV to UV	V to UV UV to UV	REQUEST FOR PERSONNEL ACTION				DATE PREPARED		
	X					Mo	Do	Yr
1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth	4. Vet. Prof.	5. Sex	6. CS - EOD	08	08	60
560359		Mo Day Year	Name - Code	S. Pt. 1 1 M	Mo Day Year			
7. SCD	8. CSC Refmt	9. CSC Or Other Legal Authority	10. Appnt. Allowance	11. FLG/LI	12. LCD	13. M. Serv. Co.		
Mo Do Yr Yes - 1 Code No - 2 1			Mo Day Year	Yes - 1 Code No - 2	Mo Do Yr	Yes - 1 Code No - 2		

**CURRENT ASSIGNMENT**

14. Organizational Designations  DDP WE BRANCH	Code	15. Location Of Official Station  WASH., D. C.	Station Code		
16. Dept.- Field Dept. Code Usfld. Fran.: 1	17. Position Title  OPS OFFICER D BR CH	18. Position No. BB-179	19. Serv. 20. Occup. Series GS 0136.01 ✓		
21. Grade & Step 14 3	22. Salary Or Rate \$ 12,730	23. SD D	24. Date Of Grade Mo Da Yr 12 16 56	25. PS1 Due Mo Da Yr 06 11 61	26. Appropriation Number 1136-1000-1000 2336x6x00x3234

**ACTION**

27. Nature Of Action  READMISSION	Code 67	28. Eff. Date Mo Da Yr 07 07 60	29. Type Of Employee EA REGULAR	Code 084	30. Separation Date
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14

**PROPOSED ASSIGNMENT**

31. Organizational Designations  DDP WE STATION SUPPORT BRANCH	Code 4733	32. Location Of Official Station  [REDACTED]	Station Code 67033		
33. Dept.- Field Dept. Code Usfld. Fran.: 5	34. Position Title  OPS OFFICER	35. Position No. RRF-400	36. Serv. 37. Occup. Series GS		
38. Grade & Step 14 3	39. Salary Or Rate \$	40. SD D	41. Date Of Grade Mo Da Yr 	42. PS1 Due Mo Da Yr 	43. Appropriation Number 1136-6400-3017 ✓

**SOURCE OF REQUEST** (Enter funds available)

A. Requested By (Name And Title)  WE PERSONNEL OFFICER	C. Request Approved By (Signature And Title) Using Ref. No. 14-61-7017	Date Approved 8
B. For All Personal Information Call (Name & Telephone Ext.) x3124		

**CLEARANCES**

Clearance A. Career Board B. Pos. Control C. Classification Remarks	Signature [Signature]	Date ... ...	Clearance D. Placement E. Release F. Approved By [Signature]	P.O.M. G. Signature [Signature]	Date ... ...

COPIES SENT TO FINANCE AND SECURITY

SECRET

CONTINUED ON REVERSE SIDE

**SECRET**  
When Filled In)

V to V	V to UV	REQUEST FOR PERSONNEL ACTION						DATE PREPARED									
UV to V	X UV to UV							Mo	Da	Yr							
1. Serial No.		2. Name (Last-First-Middle)		3. Date Of Birth			4. Vet. Prof.		5. Sex		6. CS - EOD						
560389		<input type="text"/>		Mo	Da	Yr	None-0 Code 5 Pr-1 10 Pr-2		1	M	Mo	Da	Yr				
7. SCD		8. CSC Retmt		9. CSC Or Other Legal Authority			10. Apmnt. Affidav.			11. FEGLI		12. LCD		13. Mil. Inv. LCD			
Mo	Da	Yr	Yes - 1	Code				Mo	Da	Yr	Yes - 1	Code	Mo	Da	Yr	Yes - 1	Code
			No - 2	1							No - 2					No - 2	

## CURRENT ASSIGNMENT

14. Organizational Designations <b>DDP CI STAFF</b>		Code	15. Location Of Official Station <b>Washington, D. C.</b>		Station Code
16. Dept.- Field Deps. Usdld. Frgn.	17. Position Title <b>IO CI BR CH</b>		18. Position No. <b>0211</b>	19. Serv. <b>G8</b>	20. Occup. Series <b>0136.53</b>
21. Grade & Step <b>14 E-3</b>	22. Salary, Cr Rate <b>\$ 22595.11 33</b>	23. SD <b>DX</b>	24. Since Ed Grade <b>12-16 56</b>	25. PSL Due <b>06-11-61</b>	26. Appropriation Number <b>9 2700 07 001</b>

ACTION

27. Nature Of Action <b>REASSIGNMENT</b>	Code 117	28. EH. Date Mo Da Yr 05 15 66	29. Type Of Employee <b>Regular</b>	Code	30. Separation Date
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**PROPOSED ASSIGNMENT**

2013-1000-1000

31. Organizational Designations DDP WE BRANCH PI-147-PN		Code	32. Location Of Official Station Auth. Officer Washington, D. C.		Station Code
33. Dept.- Field Dept - USAR Frac -		34. Position Title OPE OFF D BR CH	35. Position No. 179	36. Serv. 37. Occup. Series 08 0136.01	
38. Grade & Step 14 3	39. Salary Or Rate \$ 11835	40. SD M 23 5	41. Date Of Grade Mo Da Yr Mo Da Yr	42. PST Due Mo Da Yr	43. Appropriation Number 0136-1000-1000

SOURCE OF REQUEST

A. Requested By (Name And Address, Telephone No., Name & Telephone Ext.)	B. WE PERSONNEL OFFICER  x3124	C. Request Approved By (Signature And Title)	Date Approved
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**CLEARANCES**

Clearence	Signature	Date	Clearence	Signature	Date	
A. Career Board	<i>H. B. Miller</i>	1-15-68	D. Placement			
B. Pos. Control	<i>Rec'd</i>	1-15-68	E. Release			
C. Classification			F. Approved By		1-15-68	
Remarks	<i>Rec'd C.I. 1-15-68</i>					
<i>C.I. resources</i>						
Copies sent to Security and Finance						
Comments on reverse side						

30 June 1959

Dear Mr. [redacted]

It gives me great pleasure to accept an appointment to  
the [redacted] I understand that this  
appointment will be granted in accordance with the conditions as out-  
lined in your letter of May 27, 1959.

Sincerely yours,

[redacted]  
Chief, Personnel Operations Division  
[redacted]

14-00000  
30 June 1957

Dear Mr. [redacted]

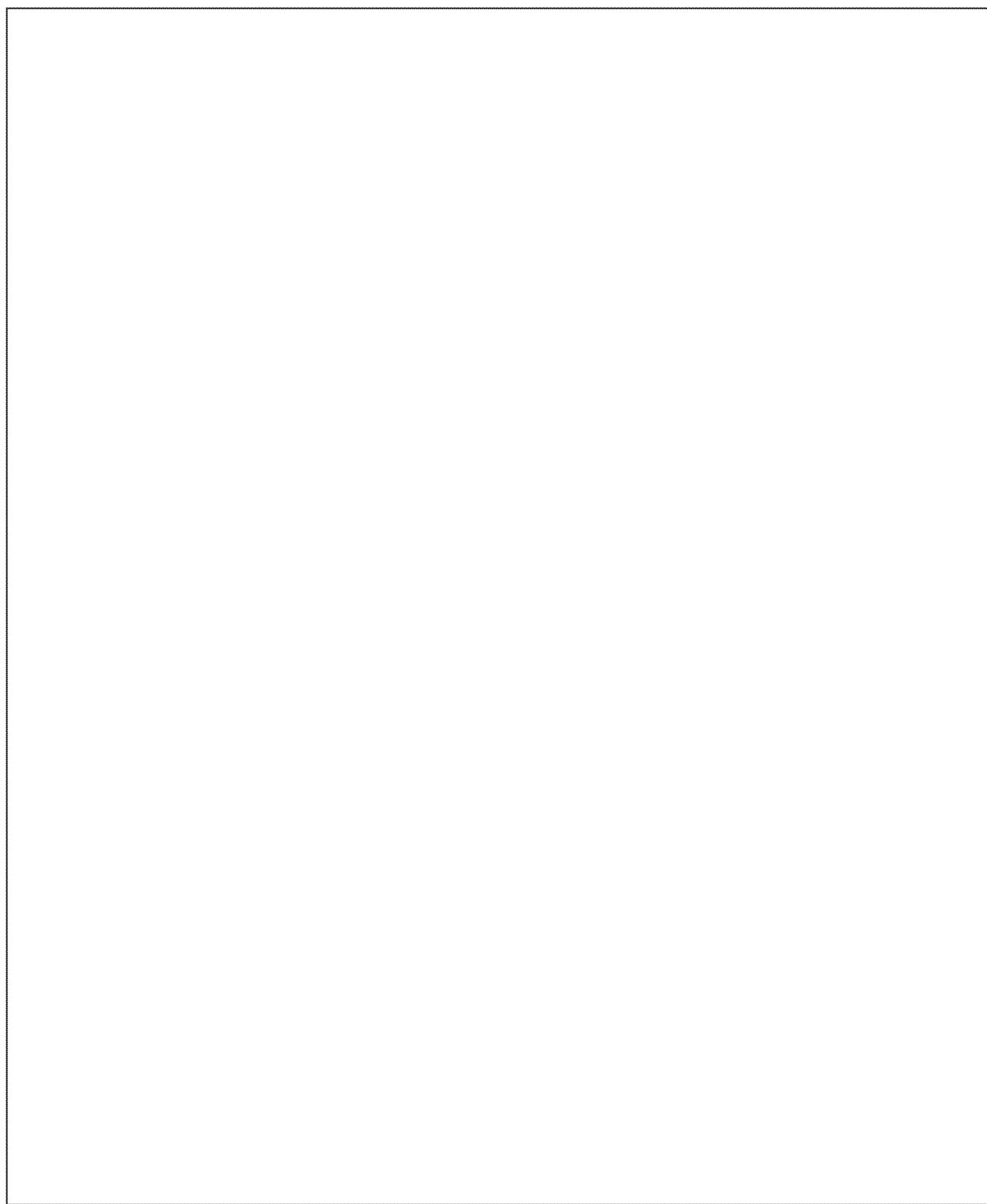
I hereby tender my resignation from the [redacted]

[redacted] to accept an appointment as [redacted]

[redacted] This resignation is tendered pursuant to  
the conditions contained in your letter of May 27, 1959, in which  
it is stated that my resignation from the [redacted]  
[redacted] will be effected without a break in service.

Sincerely yours,

[redacted]  
Chief, Personnel Operations Division  
[redacted]



**SECRET**

(When Filled In)

V to V	V to UV		REQUEST FOR PERSONNEL ACTION			DATE PREPARED Mo Da Yr 1 1 19	
UV to V	X UV to UV						
1. Serial No. 500399		2. Name (Last-First-Middle) [Redacted]		3. Date Of Birth Mu DD YY	4. Vet. Prof. None-O Code 5 Pt-1 5 Pt-2	5. Sex M	6. CS - ECO Mo Da Yr 1 1 19
7. SCD		8. CSC Reimb Yes - 1 Code No - 2	9. CSC Or Other Legal Authority	10. Apmnt Affidav Mo Da Yr No - 2	11. FEGLI Yes - 1 Code No - 2	12. LCD Mo Da Yr	13. CSC Yes - 1 Code No - 2

**CURRENT ASSIGNMENT**

14. Organizational Designations DWP/WII Branch II		Code	15. Location Of Official Station Washington, D.C.	Station Code	
		Section			
16. Dept.- Field Dept - Divid - Frgn -	17. Position Title Code / Area Ops Off DCOS		18. Position No. 458	19. Serv. 20. Occup. Series US 0136.01	
21. Grade & Step 24	22. Salary Or Rate \$11595	23. SD DI	24. Date Of Grade Mo Da Yr 	25. Pst Due Mo Da Yr 	26. Appropriation Number 9 3500 10 200

ACTION A

27. Nature Of Action <b>Reassignment</b>	Code	28. EH. Date Mo Da Yr <b>3 1 54</b>	29. Type Of Employee <b>Regular</b>	Code	30. Separation Date
---	------	---	--	------	---------------------

**PROPOSED ASSIGNMENT**

31. Organizational Designations: <b>DDP/CI Staff</b>		Code 5430	32. Location Of Official Station <b>Washington, D.C.</b>		Station Code	
<input type="text"/>						
33. Dept., Field Deps. Usdls- Frgm:	Code 1	34. Position Title <b>IO CI PR CH</b>	35. Position No. 211		36. Serv. GS	37. Occup. Series 0136.53
38. Grade & Step 14	39. Salary Or Rate 13595	40. SD DI	41. Date Of Grade 1-1-67	42. PSS Due 1-1-67	43. Appropriation Number 9-2700-17-001	

SOURCE OF REQUEST

A. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Report	C. Request Approved By (Signature And Title)	Date Approved
B. For Additional Information Call (Name & Telephone Ext.)			

**CLEARANCES**

Clearance		<b>CLEARANCES</b>		Signature	Date
A. Career Board		Due	For Clearance		
B. Post Contract		λ	Placement		
C. Classification			Release		
Comments			Approved By		
Initials			Check		
W/H Co-Occurrence					

Three copies have been sent to the Secretary. 20-1129-100 Enclosed as separate attachment.

**SECRET**Classify According  
To Content.**REQUEST FOR PERSONNEL ACTION**

1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth	4. Vet. Frat	5. DOB	6. CS - EOD
5103 59		Mo Da Yr	None 0 Code	Mo Da Yr	Mo Da Yr
7. SCD	8. CSC Rermt	9. CSC Or Other Legal Authority	10. Appt. Affilav	11. FEGLI	12. LCU
Mo Da Yr 11 26 42	Yes - 1 No - 2	Code 1	Mo Da Yr	Mo Da Yr	Mo Da Yr 6 26 52

UU

**PREVIOUS ASSIGNMENT**

14. Organizational Designations  DDP WH Branch III Havana, Cuba Station	Code	15. Location Of Official Station  Havana, Cuba	Station Code
16. Dept.- Field Dept. Code Usfld. Frpn. x 5	17. Position Title  Area Ops Cff (DCCS)	18. Position No. BHF-115	19. Serv. 20. Occup. Series TS 0136.01
21. Grade & Step 14 - 2	22. Salary Or Rate \$ 11,595	23. SD DI -	24. Date Of Grade Mo Da Yr 25. PSL Due Mo Da Yr 26. Appropriation Number 9-3545-55-055

**ACTION**

27. Nature Of Action  REASSIGNMENT	Code b	28. Eff. Date Mo Da Yr 10 19 56	29. Type Of Employee Regular	30. Separation Date 9/1
--	-----------	---------------------------------------	---------------------------------	----------------------------

**PRESENT ASSIGNMENT**

31. Organizational Designations  DDP WH Branch II Section	Code 4275	32. Location Of Official Station  Washington, D. C.	Station Code		
33. Dept.- Field Dept. Code Usfld. Frpn.	34. Position Title	35. Position No. BA-458	36. Serv. 37. Occup. Series 2		
38. Grade & Step 14 - 2	39. Salary Or Rate \$ 11,595	40. SD 2 16 57	41. Date Of Grade Mo Da Yr 12 13 57	42. PSL Due Mo Da Yr 12 13 57	43. Appropriation Number 9-3500-10-200

**SOURCE OF REQUEST**

A. Requested By (Name And Title) W/H PERSONNEL	C. Request Approved By (Signature And Title)		
B. For Additional Information Call (Name & Telephone Ext.) X 8212			
<b>CLEARANCES</b>			
Clearance A. Career Board B. Pay Central C. Classification	Signature Date JULY 1956	Clearance D. Personnel E	Signature Date JULY 1956
Remarks 2 copies Security vice:			

1152a

649

**SECRET**

501

STANDARD FORM 52 REVERSE SIDE OF FORM U. S. AIR FORCE FORM 1000 APPROVED FOR FIELD USE BASIC, GRADED, OR		UNVOCHEALED	
<b>REQUEST FOR PERSONNEL ACTION</b>			
<b>REQUESTING OFFICE:</b> Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation date on reverse.			
<b>1. NAME (Mr. - Miss - Mrs. - One given name, initials), and surname</b> <b>Mr.</b>		<b>2. DATE OF BIRTH</b> <b>11 Dec 56</b>	
<b>3. REQUEST NO.</b> <b>11 Dec 56</b>		<b>4. DATE OF RECEIPT</b> <b>11 Dec 56</b>	
<b>5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)</b> <b>Promotion</b>		<b>6. EFFECTIVE DATE A. PROPOSED:</b> <b>16 Dec</b>	
<b>7. C. T. OR OTHER OFFICIAL AUTHORITY</b>		<b>8. APPROVED:</b> <b>16 Dec</b>	
<b>100- Area Ops Off (DCOS) BAF-115 06-0136.01-13 \$9205.00 p.a. DDP/WH Branch III Havana, Cuba Station Havana, Cuba</b>		<b>10- Area Ops Off (DCOS) BAF-115 06-0136.01-14 \$10,320.00 p.a. DDP/WH Branch III Havana, Cuba Station Havana, Cuba</b>	
<b>11. FILE <input checked="" type="checkbox"/> DEPARTMENTAL</b>		<b>12. FIELD OR DEPARTMENTAL</b> <b>X</b> <b>13. APPROVED BY CS Career Service Panel</b> <b>17082-R</b>	
<b>14. REMARKS (Use reverse if necessary)</b>			
<b>15. REQUESTED BY</b>		<b>16. REQUEST APPROVED BY</b> <b>Signature:</b> <b>Title:</b>	
<b>17. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)</b> <b>X8242</b>			
<b>18. VETERAN PREFERENCE</b> <b>None</b> <b>Other</b> <b>SPT</b> <b>10 POINT</b> <b>INSSAB OTHER</b>		<b>19. POSITION CLASSIFICATION ACTION</b> <b>NEW</b> <b>VICE</b> <b>TA</b> <b>REAL</b>	
<b>20. SEX</b> <b>RACE</b> <b>21. APPROPRIATION</b> <b>M</b> <b>W</b> <b>FROM</b> <b>7-3545-55-055</b> <b>TO</b> <b>Same</b>		<b>22. SUBJECT TO C. S. RETIREMENT ACT</b> <b>(1953-1961)</b> <b>YOB</b>	
<b>23. STANDARD FORM 50 REMARKS</b>		<b>24. DATE OF APPOINTMENT CERTIFICATE (Accessions Only)</b> <b>SD-DI</b>	
<b>25. CLEARANCES</b> <b>A</b>		<b>INITIAL OR SIGNATURE</b> <b>17 Dec 56</b>	
<b>B. CCR OR POS CONTROL</b>			
<b>C. CLASSIFICATION</b>			
<b>D. PAYMENT OF PAY</b>			
		<b>16 Dec 56</b> <b>16 Dec 56</b>	
		<b>16 Dec 56</b> <b>16 Dec 56</b>	

**SECRET**

STANDARD FORM 52 FEB 1952 EDITION U. S. GOVERNMENT PRINTING OFFICE 1952 10-1000 10-1000 REPLACES EDITION 10-1000 GENERAL CHARTERED			
<b>REQUEST FOR PERSONNEL ACTION</b>			
UNVOLUNTARY			
<b>REQUESTING OFFICE:</b> Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.			
<b>1. NAME (Mr - Miss - Mrs - One given name, initials), and surname</b> I.P. [Redacted]		<b>2. DATE OF BIRTH</b> [Redacted]	
<b>3. REQUEST NO.</b> 7 May 56		<b>4. DATE OF REQUEST</b> 7 May 56	
<b>5. NATURE OF ACTION REQUESTED.</b> <b>A. PERSONNEL</b> (Specify whether appointment, promotion, separation, etc.) Reassignment		<b>6. EFFECTIVE DATE</b> <b>A. PROPOSED.</b> 7. C. S. OR OTHER LEGAL AUTHORITY	
<b>B. POSITION</b> (Specify whether establish, change grade or title, etc)		<b>B. APPROVED:</b> _____	
<b>FROM—</b> Intelligence Off (FI) BAF-116 GS-0136.51-13 \$9205.00 p.a.		<b>TO—</b> Area Ops Off - D COS BAF-115 GS-0136.01-13 \$9205.00 p.a. [Redacted] 37570.00 p.a.) DDP/AM Branch III HAVANA-CUBA STATION Havana, Cuba	
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL (D)	
<b>8. REMARKS (Use reverse if necessary)</b> New T/O			
<b>9. REQUESTED BY (Name and rank)</b> [Redacted] J. C. M.		<b>D. REQUEST APPROVED</b> Signature: [Redacted] Title: JCS/CSP	
<b>C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)</b> X-1,457			
<b>13. VETERAN PREFERENCE</b> NONE    WWII OTHER    6 PT.    10 POINT X                  DEAD OTHER		<b>14. POSITION CLASSIFICATION ACTION</b> NEW    VICE    S.A.    SEAL CD-DI	
<b>15. SEX</b> M <b>16. RACE</b> W		<b>17. APPROPRIATION</b> FROM: 6-3545-55-055 TO: Same	
<b>18. SUBJECT TO C. S. RETIREMENT ACT</b> (YES-NO)		<b>19. DATE OF APPOINTMENT/AFFIDAVIT (ACCESSIONS DATE)</b> DD-1	
<b>20. LEGAL RESIDENCE STATE:</b> CLAIMED    PROVED			
<b>21. STANDARD FORM 50 REMARKS</b> APPROVED BY FI CAREER SERVICE BOARD DATE: 14 May 56			
<b>22. CLEARANCES</b> A		<b>INITIAL OR SIGNATURE</b> [Signature]	
<b>B. CECIL OR POS CONTROL</b> [Signature]		<b>DATE</b> 24 May 56	
<b>C. CLASSIFICATION</b> RW/H		<b>REMARKS:</b> 24 May 56	
<b>D. PLACEMENT OR EMPL.</b> RW/H		<b>25 May 56</b>	
<b>SECRET</b>			

C O N F I D E N T I A L

Date \_\_\_\_\_

TO : Chief, Placement and Utilization Division/OP  
Attn : Mr. [redacted] OC Placement Officer

FROM : Chief, Operations and Training Division/OC

SUBJECT: Communications Training for [redacted]

The communications training record for this individual is  
on file in the [redacted] Branch, Room 2308, I Building.  
If information is desired concerning this training, please call  
extension 2977.

*W.O. Edwards*

WILLIAM O. EDWARDS

C O N F I D E N T I A L

SECRET

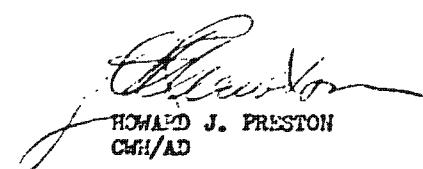
1 December 1954

MEMORANDUM FOR: Chief, Central Processing Branch

SUBJECT: Request for Badges -  
[redacted] and [redacted]

1. It is requested that building badges of Mr. [redacted] and Mr. [redacted] be given to the bearer, Miss [redacted]. Mr. [redacted] and Mr. [redacted] presently stationed at Havana, Cuba, will be at headquarters this coming weekend and it will be necessary that they have their badges in order that they may enter and leave the buildings without an escort.

2. Mr. [redacted] Operations Officer of the Havana desk of WMD, will be responsible for the return of these badges to CPB.

  
HOWARD J. PRESTON  
CMH/AD

1 Dec 1954  
10:25 AM  
10:25 AM  
10:25 AM

SECRET

*SECRET*

1 March 1954

MEMORANDUM FOR: Personnel Officer, FI

SUBJECT: [REDACTED]  
Recommendation for Promotion

1. Mr. [REDACTED] has been with the WH Division since June 1952 and at the Havana station since 17 January 1953. With approximately eight months headquarters training he has worked into a position demanding extremely [REDACTED] work. His efforts have been highly successful and are marked by an excellent grasp of the problems involved. Mr. [REDACTED] also acts as Chief of Station during any absence of the Chief. The variety of problems he encounters are met with considerable ability.

2. The promotion of Mr. [REDACTED] to the next higher grade is recommended, in view of the excellent performance of his present responsibilities. He has demonstrated his capacity to perform fully and effectively in a field assignment.

*J. C. King*  
J. C. KING  
Chief, WH

*SECRET*

file  
int

**SECRET**

See also Information

OCT 18 1952

MEMORANDUM FOR: [redacted]

SUBJECT: [redacted] Request for Appointment

REFERENCE: [redacted]

Memorandum of 23 November 1951,  
Subject, Representation [redacted]  
Missions [redacted]

1. It is requested that Mr. [redacted] GS-12,  
\$7040, be appointed in the [redacted] with the title of  
[redacted] for duty in the [redacted] at  
Havana, Cuba. Mr. [redacted] will occupy position number 2  
of [redacted]

2. It is requested that subject arrive at his destination  
on or about 15 December 1952.

FOR THE DEPUTY DIRECTOR, PLANS

By MURRAY W. FISHER

Enclosures: a. Application Forms 57 and DSF-34  
b. Occupational History Supplement  
c. Proposed Biography

WHD/[redacted]

23 September 1952

Distribution: Orig & 1 cc addressee

1 - CFI

1 - WHD (green)

2 - LC

See also Information

14-00000

SECRET

[Redacted]

OCCUPATIONAL EXPERIENCE: June 1952 to Present - Intelligence Officer, Central Intelligence Agency Washington, D. C.

SECRET  
Security

PROPOSED BIOGRAPHY

Auburn Senior High School grad; Loyola College, 1947-48; buyer  
with electrical supply co., 1934-1941; U.S. Army, 1941-43, 1st lt.,  
overseas duty; Governor's Staff, Canal Zone Government, 1948 to 1952.

General  
Army Information

25

Date: 26 September 1952

MEMORANDUM FOR: PERSONNEL BOARD/SO

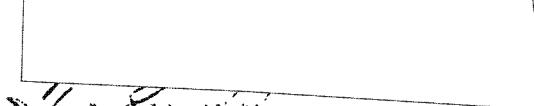
FROM: ADMIN/SO

SUBJECT: Transfer - [redacted]

Approval is requested for the transfer of subject from

OPS OF, GS-12, \$7040.00 at [redacted]  
(titles) [redacted] (station)

to OPS OF, GS-12, \$7040.00 at Havana, Cuba  
(titles) [redacted] (station)



X J. Caldwell King  
Cof, WH

APPROVAL

[redacted]  
For the Personnel Board  
30 Sept 1952  
(initials)

1457

STANDARD FORM NO. 64

# Office Memorandum • UNITED STATES GOVERNMENT

TO : Personnel Division  
FROM : PD (C)  
SUBJECT: [REDACTED]

DATE: 11 April 1951

The following personnel action has been cancelled:

DESIGNATIONINTERESTED UNIT

[REDACTED]

OSO, FDT

Intelligence Officer

Reason: Branch holding until December 1951. Sent to Placement until released.

[REDACTED]

I&SS  
M.R.  
Med. Serv.  
FDT

*PJL**gr**110  
4/14/51*

SECRET

CONFIDENTIAL FUNDS PERSONNEL ACTION		
NAME	DATE 15 August 1950	
NATURE OF ACTION Appointment	EFFECTIVE DATE	
FROM	TO	
TITLE Intelligence Officer (OPS)		
GRADE AND SALARY GS-11 25400.00		
OFFICE OSS		
DIVISION FDT		
BRANCH		
OFFICIAL STATION		
QUALIFICATIONS	APPROVAL	EXECUTIVE
1st Aug 50		
CLASSIFICATION E-592	PERSONNEL OFFICER	
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS	YES	NO
DATE OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON		
SECURITY CLEARED ON		
OVERSEAS AGREEMENT SIGNED		
ENTERED ON DUTY		
SIGNATURE OF AUTHENTICATION OFFICER		
REMARKS: S-2 Sec. Init. 14 August 1950. Employee is replacement for [redacted]	130 <i>[Handwritten signatures and initials over the remarks section]</i>	

## EMPLOYMENT CHECK SHEET

NAME		INITIATING OFFICE AND DIVISION		EXTENSION	
DATE RECEIVED FOR PROCESSING		SECURITY CLEARANCE		CRYPTOGRAPHIC CLEARANCE	
		DATE INITIATED	DATE EFFECTIVE	DATE INITIATED	DATE EFFECTIVE
DATE MEMO REC'D (ADM. INST. 10-23)		DATE 37-1 PREPARED		DATE 37-3 PREPARED	
				DATE SF89 TO DISPENSARY	
DATE HELD	TAB FOR	REASON HELD			
25 Sept 26 Nov. 28 Dec.	+4 Kar. +2 Kar. +1 Kar.	<p>25 Sept. No letter to be sent subject is in [redacted] Check security.</p> <p>FDT sent cable to field. Check [redacted] en reply so we'll know when subj. is to report.</p> <p>28 Dec. - Subj. still in Army FDT trying to get release. Check on results.</p>			
15 Jan					

SECRET

7 August 1950

MEMORANDUM

TO: Chief, Employees Division  
FROM: Chief, Foreign Division T  
SUBJECT: [redacted]

f D T

1. It is requested that subject be processed at the grade of GS-11 for Slot No. 2, Intelligence Officer Operations, [redacted] as a replacement for Mr. [redacted]. Mr. [redacted] will be transferred to another station in Latin America in the next few months.

2. Although Mr. [redacted] is at present a GS-9, he has had a total of approximately 8 years in investigative work with C.I.C., and FDT believes that a rating of GS-11 is thoroughly justified. Since his present salary in the [redacted] is \$3750 per annum, it is specifically requested that he be processed at the grade of GS-11, \$3600 per annum.

[redacted]  
SECRET

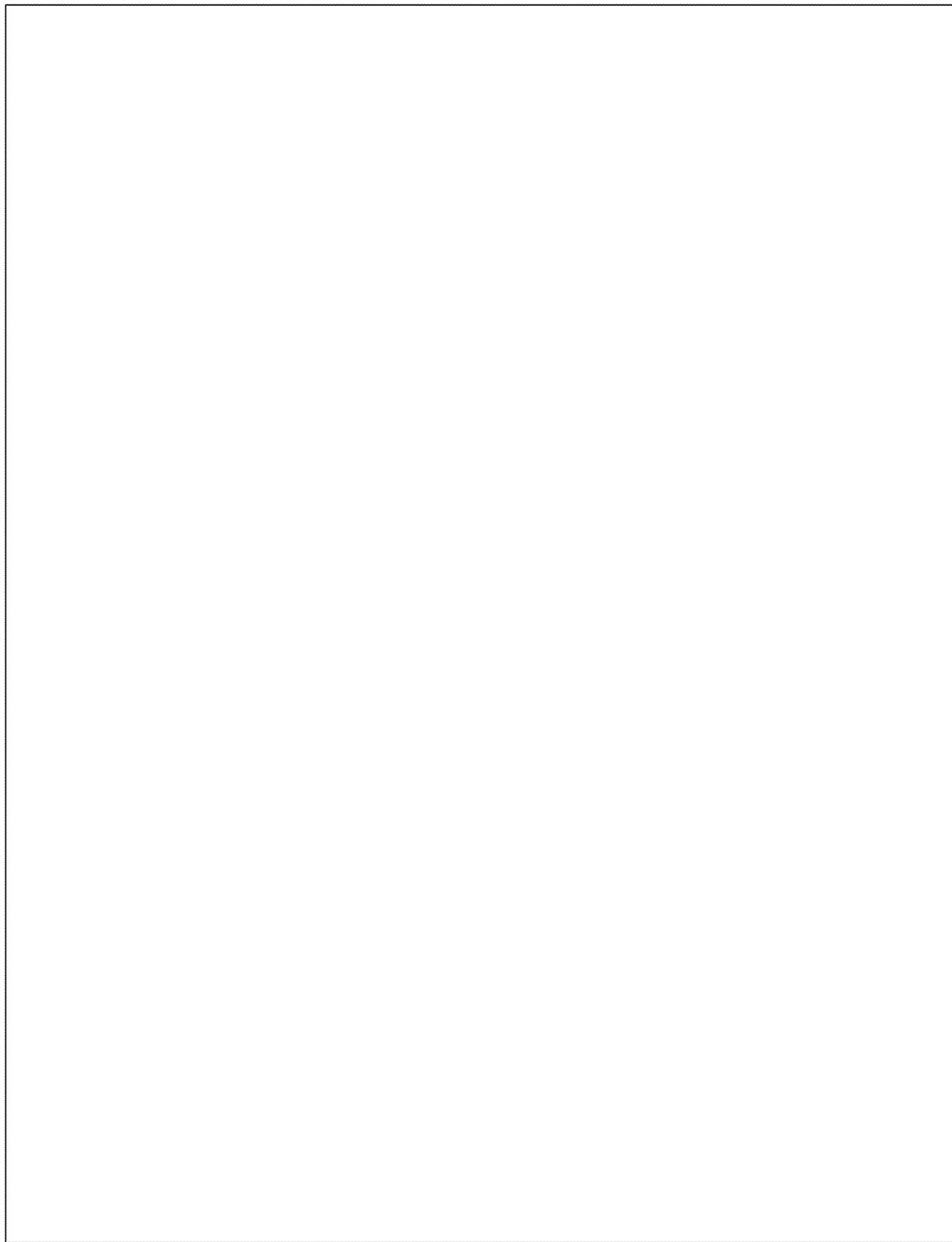
**SECRET**

REPRODUCTION MAST

BIOGRAPHIC PROFILE

**SECRET**

H a n d l e   W i t h   C a r e

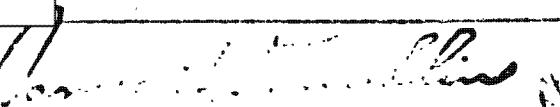




SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP			FILE NO.
			14 June 1972
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION	SS NUMBER 069-03-9635	
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION	EMPLOYEE NUMBER 060389	
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) WH	ID CARD NUMBER	
ATTN: Chief Support Staff		<input checked="" type="checkbox"/> OFFICIAL COVER	ESTABLISHED
REF: Retirement Debriefing			DISCONTINUED
SUBJECT		UNIT	
<input type="text"/>		<input type="text"/>	

## KEEP ON TOP OF FILE WHILE COVER IN EFFECT

<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS	CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE:		
<input checked="" type="checkbox"/> BASIC COVER PROVIDED. EOD EFFECTIVE DATE _____	SUBMIT FORM 3254 W-2 TO BE ISSUED. (HHR 20-11)		
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR TOY OTHER (Specify)	SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)		
<input checked="" type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)	<input type="checkbox"/> EAA: CATEGORY I	<input type="checkbox"/> CATEGORY II	<input type="checkbox"/>
<input checked="" type="checkbox"/> SUBMIT FORM 3254 W-2 TO BE ISSUED. (HHR 20-11)	RETURN ALL OFFICIAL DOCUMENTATION TO CCS		
<input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 260-2a)	SUBMIT FORM 2688 FOR HOSPITALIZATION CARD.		
<input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 260-2a)	DO NOT WRITE IN THIS BLOCK		
<input type="checkbox"/> EAA, CATEGORY I	<input type="checkbox"/> CATEGORY II		
<input type="checkbox"/> SUBMIT FORM 2688 FOR HOSPITALIZATION CARD			
REMARKS AND/OVR COVER HISTORY			
DISTRIBUTION: COPY 1 - 16 COPY 2 - OPERATING PROGRAM COPY 3 - OPA COPY 4 - AF/AFSC COPY 5 - DOD COPY 6 - DIA COPY 7 - DIA		 APPROVED: [Signature] Date: [Signature] RELEASED: [Signature] Date: [Signature]	
REF: BM		UNIT: OFFICIAL COVER SECTION, DIA, USA	

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 92-210 AND  
EXECUTIVE ORDER 11637 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE  
CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 9 JANUARY 1972

NAME	SERIAL ORGN. FUNDS GR=STEP	NEW SALARY
[REDACTED]	060389 51 480 CF GS 15 7	\$30,701

**SECRET**  
(When Filled In)

DOS 20 JUL 72

Do It

NOTIFICATION OF PERSONNEL ACTION														
DEF														
1 SERIAL NUMBER	2 NAME (LAST FIRST MIDDLE)													
000386														
3 NATURE OF PERSONNEL ACTION CONVERSION FROM [ ]														
STATUS & RETIREMENT-VOLUNTARY-UNDER CIA RETIREMENT & DISABILITY SYSTEM														
4 EFFECTIVE DATE	5 CATEGORY OF EMPLOYMENT													
NO COB	REGULAR													
56 30 72														
6 FUNDS	V TO V	V TO CP	7 Financial Analysis No Changeable	8 CSC OR OTHER LEGAL AUTHORITY										
				PL 88-643 SECT 233										
9. ORGANIZATIONAL DESIGNATIONS														
DOD/WH DIVISION BRANCH 6 OFFICE OF THE CHIEF														
10 LOCATION OF OFFICIAL STATION														
WASH., D.C.														
11 POSITION TITLE				12 POSITION NUMBER	13 SERVICE DESIGNATION									
OPS OFFICER CH				1844	D									
14 CLASSIFICATION SCHEDULE (GS, LS etc)			15 OCCUPATIONAL SERIES	16 GRADE AND STEP	17 SALARY OR RATE									
GS			0135.01	15 7	30701									
18 REMARKS														
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL														
19 DEPARTMENT CODE	20 OFFICE CODES	21 SEASON	22 IN-CODE	23 HOURS	24 DATE OF BIRTH	25 DATE OF GRADE	26 DATE OF LEI							
10	NUMBER ALPHABETIC	COPA	COPA	CODE	MO DA YR	MO DA YR	MO DA YR							
20 WIT EXPENSES	21 OFFICIAL REIMBURSEMENT	22 RETIREMENT DATA	23 SEPARATION DATA CODE	24 Correction / Cancelment Data	25 MO DA YR	26 MO DA YR	27 MO DA YR							
MO DA YR	21 W	22 C	23 C	24 C	25 MO DA YR	26 MO DA YR	27 MO DA YR							
22 WIT EXPENSES	23 OFFICIAL REIMBURSEMENT	24 RETIREMENT DATA	25 SEPARATION DATA CODE	26 Correction / Cancelment Data	27 MO DA YR	28 MO DA YR	29 MO DA YR							
MO DA YR	23 W	24 C	25 C	26 C	27 MO DA YR	28 MO DA YR	29 MO DA YR							
30 WIT EXPENSES	31 OFFICIAL REIMBURSEMENT	32 RETIREMENT DATA	33 SEPARATION DATA CODE	34 Correction / Cancelment Data	35 MO DA YR	36 MO DA YR	37 MO DA YR							
MO DA YR	31 W	32 C	33 C	34 C	35 MO DA YR	36 MO DA YR	37 MO DA YR							
32 WIT EXPENSES	33 OFFICIAL REIMBURSEMENT	34 RETIREMENT DATA	35 SEPARATION DATA CODE	36 Correction / Cancelment Data	37 MO DA YR	38 MO DA YR	39 MO DA YR							
MO DA YR	33 W	34 C	35 C	36 C	37 MO DA YR	38 MO DA YR	39 MO DA YR							
40 WIT EXPENSES	41 OFFICIAL REIMBURSEMENT	42 RETIREMENT DATA	43 SEPARATION DATA CODE	44 Correction / Cancelment Data	45 MO DA YR	46 MO DA YR	47 MO DA YR							
MO DA YR	41 W	42 C	43 C	44 C	45 MO DA YR	46 MO DA YR	47 MO DA YR							
42 WIT EXPENSES	43 OFFICIAL REIMBURSEMENT	44 RETIREMENT DATA	45 SEPARATION DATA CODE	46 Correction / Cancelment Data	47 MO DA YR	48 MO DA YR	49 MO DA YR							
MO DA YR	43 W	44 C	45 C	46 C	47 MO DA YR	48 MO DA YR	49 MO DA YR							
44 WIT EXPENSES	45 OFFICIAL REIMBURSEMENT	46 RETIREMENT DATA	47 SEPARATION DATA CODE	48 Correction / Cancelment Data	49 MO DA YR	50 MO DA YR	51 MO DA YR							
MO DA YR	45 W	46 C	47 C	48 C	49 MO DA YR	50 MO DA YR	51 MO DA YR							
46 WIT EXPENSES	47 OFFICIAL REIMBURSEMENT	48 RETIREMENT DATA	49 SEPARATION DATA CODE	50 Correction / Cancelment Data	51 MO DA YR	52 MO DA YR	53 MO DA YR							
MO DA YR	47 W	48 C	49 C	50 C	51 MO DA YR	52 MO DA YR	53 MO DA YR							
48 WIT EXPENSES	49 OFFICIAL REIMBURSEMENT	50 RETIREMENT DATA	51 SEPARATION DATA CODE	52 Correction / Cancelment Data	53 MO DA YR	54 MO DA YR	55 MO DA YR							
MO DA YR	49 W	50 C	51 C	52 C	53 MO DA YR	54 MO DA YR	55 MO DA YR							
50 WIT EXPENSES	51 OFFICIAL REIMBURSEMENT	52 RETIREMENT DATA	53 SEPARATION DATA CODE	54 Correction / Cancelment Data	55 MO DA YR	56 MO DA YR	57 MO DA YR							
MO DA YR	51 W	52 C	53 C	54 C	55 MO DA YR	56 MO DA YR	57 MO DA YR							
52 WIT EXPENSES	53 OFFICIAL REIMBURSEMENT	54 RETIREMENT DATA	55 SEPARATION DATA CODE	56 Correction / Cancelment Data	57 MO DA YR	58 MO DA YR	59 MO DA YR							
MO DA YR	53 W	54 C	55 C	56 C	57 MO DA YR	58 MO DA YR	59 MO DA YR							
54 WIT EXPENSES	55 OFFICIAL REIMBURSEMENT	56 RETIREMENT DATA	57 SEPARATION DATA CODE	58 Correction / Cancelment Data	59 MO DA YR	60 MO DA YR	61 MO DA YR							
MO DA YR	55 W	56 C	57 C	58 C	59 MO DA YR	60 MO DA YR	61 MO DA YR							
56 WIT EXPENSES	57 OFFICIAL REIMBURSEMENT	58 RETIREMENT DATA	59 SEPARATION DATA CODE	60 Correction / Cancelment Data	61 MO DA YR	62 MO DA YR	63 MO DA YR							
MO DA YR	57 W	58 C	59 C	60 C	61 MO DA YR	62 MO DA YR	63 MO DA YR							
58 WIT EXPENSES	59 OFFICIAL REIMBURSEMENT	60 RETIREMENT DATA	61 SEPARATION DATA CODE	62 Correction / Cancelment Data	63 MO DA YR	64 MO DA YR	65 MO DA YR							
MO DA YR	59 W	60 C	61 C	62 C	63 MO DA YR	64 MO DA YR	65 MO DA YR							
60 WIT EXPENSES	61 OFFICIAL REIMBURSEMENT	62 RETIREMENT DATA	63 SEPARATION DATA CODE	64 Correction / Cancelment Data	65 MO DA YR	66 MO DA YR	67 MO DA YR							
MO DA YR	61 W	62 C	63 C	64 C	65 MO DA YR	66 MO DA YR	67 MO DA YR							
62 WIT EXPENSES	63 OFFICIAL REIMBURSEMENT	64 RETIREMENT DATA	65 SEPARATION DATA CODE	66 Correction / Cancelment Data	67 MO DA YR	68 MO DA YR	69 MO DA YR							
MO DA YR	63 W	64 C	65 C	66 C	67 MO DA YR	68 MO DA YR	69 MO DA YR							
64 WIT EXPENSES	65 OFFICIAL REIMBURSEMENT	66 RETIREMENT DATA	67 SEPARATION DATA CODE	68 Correction / Cancelment Data	69 MO DA YR	70 MO DA YR	71 MO DA YR							
MO DA YR	65 W	66 C	67 C	68 C	69 MO DA YR	70 MO DA YR	71 MO DA YR							
66 WIT EXPENSES	67 OFFICIAL REIMBURSEMENT	68 RETIREMENT DATA	69 SEPARATION DATA CODE	70 Correction / Cancelment Data	71 MO DA YR	72 MO DA YR	73 MO DA YR							
MO DA YR	67 W	68 C	69 C	70 C	71 MO DA YR	72 MO DA YR	73 MO DA YR							
68 WIT EXPENSES	69 OFFICIAL REIMBURSEMENT	70 RETIREMENT DATA	71 SEPARATION DATA CODE	72 Correction / Cancelment Data	73 MO DA YR	74 MO DA YR	75 MO DA YR							
MO DA YR	69 W	70 C	71 C	72 C	73 MO DA YR	74 MO DA YR	75 MO DA YR							
70 WIT EXPENSES	71 OFFICIAL REIMBURSEMENT	72 RETIREMENT DATA	73 SEPARATION DATA CODE	74 Correction / Cancelment Data	75 MO DA YR	76 MO DA YR	77 MO DA YR							
MO DA YR	71 W	72 C	73 C	74 C	75 MO DA YR	76 MO DA YR	77 MO DA YR							
72 WIT EXPENSES	73 OFFICIAL REIMBURSEMENT	74 RETIREMENT DATA	75 SEPARATION DATA CODE	76 Correction / Cancelment Data	77 MO DA YR	78 MO DA YR	79 MO DA YR							
MO DA YR	73 W	74 C	75 C	76 C	77 MO DA YR	78 MO DA YR	79 MO DA YR							
74 WIT EXPENSES	75 OFFICIAL REIMBURSEMENT	76 RETIREMENT DATA	77 SEPARATION DATA CODE	78 Correction / Cancelment Data	79 MO DA YR	80 MO DA YR	81 MO DA YR							
MO DA YR	75 W	76 C	77 C	78 C	79 MO DA YR	80 MO DA YR	81 MO DA YR							
76 WIT EXPENSES	77 OFFICIAL REIMBURSEMENT	78 RETIREMENT DATA	79 SEPARATION DATA CODE	80 Correction / Cancelment Data	81 MO DA YR	82 MO DA YR	83 MO DA YR							
MO DA YR	77 W	78 C	79 C	80 C	81 MO DA YR	82 MO DA YR	83 MO DA YR							
78 WIT EXPENSES	79 OFFICIAL REIMBURSEMENT	80 RETIREMENT DATA	81 SEPARATION DATA CODE	82 Correction / Cancelment Data	83 MO DA YR	84 MO DA YR	85 MO DA YR							
MO DA YR	79 W	80 C	81 C	82 C	83 MO DA YR	84 MO DA YR	85 MO DA YR							
80 WIT EXPENSES	81 OFFICIAL REIMBURSEMENT	82 RETIREMENT DATA	83 SEPARATION DATA CODE	84 Correction / Cancelment Data	85 MO DA YR	86 MO DA YR	87 MO DA YR							
MO DA YR	81 W	82 C	83 C	84 C	85 MO DA YR	86 MO DA YR	87 MO DA YR							
82 WIT EXPENSES	83 OFFICIAL REIMBURSEMENT	84 RETIREMENT DATA	85 SEPARATION DATA CODE	86 Correction / Cancelment Data	87 MO DA YR	88 MO DA YR	89 MO DA YR							
MO DA YR	83 W	84 C	85 C	86 C	87 MO DA YR	88 MO DA YR	89 MO DA YR							
84 WIT EXPENSES	85 OFFICIAL REIMBURSEMENT	86 RETIREMENT DATA	87 SEPARATION DATA CODE	88 Correction / Cancelment Data	89 MO DA YR	90 MO DA YR	91 MO DA YR							
MO DA YR	85 W	86 C	87 C	88 C	89 MO DA YR	90 MO DA YR	91 MO DA YR							
86 WIT EXPENSES	87 OFFICIAL REIMBURSEMENT	88 RETIREMENT DATA	89 SEPARATION DATA CODE	90 Correction / Cancelment Data	91 MO DA YR	92 MO DA YR	93 MO DA YR							
MO DA YR	87 W	88 C	89 C	90 C	91 MO DA YR	92 MO DA YR	93 MO DA YR							
88 WIT EXPENSES	89 OFFICIAL REIMBURSEMENT	90 RETIREMENT DATA	91 SEPARATION DATA CODE	92 Correction / Cancelment Data	93 MO DA YR	94 MO DA YR	95 MO DA YR							
MO DA YR	89 W	90 C	91 C	92 C	93 MO DA YR	94 MO DA YR	95 MO DA YR							
90 WIT EXPENSES	91 OFFICIAL REIMBURSEMENT	92 RETIREMENT DATA	93 SEPARATION DATA CODE	94 Correction / Cancelment Data	95 MO DA YR	96 MO DA YR	97 MO DA YR							
MO DA YR	91 W	92 C	93 C	94 C	95 MO DA YR	96 MO DA YR	97 MO DA YR							
92 WIT EXPENSES	93 OFFICIAL REIMBURSEMENT	94 RETIREMENT DATA	95 SEPARATION DATA CODE	96 Correction / Cancelment Data	97 MO DA YR	98 MO DA YR	99 MO DA YR							
MO DA YR	93 W	94 C	95 C	96 C	97 MO DA YR	98 MO DA YR	99 MO DA YR							
94 WIT EXPENSES	95 OFFICIAL REIMBURSEMENT	96 RETIREMENT DATA	97 SEPARATION DATA CODE	98 Correction / Cancelment Data	99 MO DA YR	100 MO DA YR	101 MO DA YR							
MO DA YR	95 W	96 C	97 C	98 C	99 MO DA YR	100 MO DA YR	101 MO DA YR							
96 WIT EXPENSES	97 OFFICIAL REIMBURSEMENT	98 RETIREMENT DATA	99 SEPARATION DATA CODE	100 Correction / Cancelment Data	101 MO DA YR	102 MO DA YR	103 MO DA YR							
MO DA YR	97 W	98 C	99 C	100 C	101 MO DA YR	102 MO DA YR	103 MO DA YR							
98 WIT EXPENSES	99 OFFICIAL REIMBURSEMENT	100 RETIREMENT DATA	101 SEPARATION DATA CODE	102 Correction / Cancelment Data	103 MO DA YR	104 MO DA YR	105 MO DA YR							
MO DA YR	99 W	100 C	101 C	102 C	103 MO DA YR	104 MO DA YR	105 MO DA YR							
100 WIT EXPENSES	101 OFFICIAL REIMBURSEMENT	102 RETIREMENT DATA	103 SEPARATION DATA CODE	104 Correction / Cancelment Data	105 MO DA YR	106 MO DA YR	107 MO DA YR							
MO DA YR	101 W	102 C	103 C	104 C	105 MO DA YR	106 MO DA YR	107 MO DA YR							
102 WIT EXPENSES	103 OFFICIAL REIMBURSEMENT	104 RETIREMENT DATA	105 SEPARATION DATA CODE	106 Correction / Cancelment Data	107 MO DA YR	108 MO DA YR	109 MO DA YR							
MO DA YR	103 W	104 C	105 C	106 C	107 MO DA YR	108 MO DA YR	109 MO DA YR							
104 WIT EXPENSES	105 OFFICIAL REIMBURSEMENT	106 RETIREMENT DATA	107 SEPARATION DATA CODE	108 Correction / Cancelment Data	109 MO DA YR	110 MO DA YR	111 MO DA YR							
MO DA YR	105 W	106 C	107 C	108 C	109 MO DA YR	110 MO DA YR	111 MO DA YR							
106 WIT EXPENSES	107 OFFICIAL REIMBURSEMENT	108 RETIREMENT DATA	109 SEPARATION DATA CODE	110 Correction / Cancelment Data	111 MO DA YR	112 MO DA YR	113 MO DA YR							
MO DA YR	107 W	108 C	109 C	110 C	111 MO DA YR	112 MO DA YR	113 MO DA YR							
108 WIT EXPENSES	109 OFFICIAL REIMBURSEMENT	110 RETIREMENT DATA	111 SEPARATION DATA CODE	112 Correction / Cancelment Data	113 MO DA YR	114 MO DA YR	115 MO DA YR							
MO DA YR	109 W	110 C	111 C	112 C	113 MO DA YR	114 MO DA YR	115 MO DA YR							
110 WIT EXPENSES	111 OFFICIAL REIMBURSEMENT	112 RETIREMENT DATA	113 SEPARATION DATA CODE	114 Correction / Cancelment Data	115 MO DA YR	116 MO DA YR	117 MO DA YR							
MO DA YR	111 W	112 C	113 C	114 C	115 MO DA YR	116 MO DA YR	117 MO DA YR							
112 WIT EXPENSES	113 OFFICIAL REIMBURSEMENT	114 RETIREMENT DATA	115 SEPARATION DATA CODE	116 Correction / Cancelment Data	117 MO DA YR	118 MO DA YR	119 MO DA YR							
MO DA YR	113 W	114 C	115 C	116 C	117 MO DA YR	118 MO DA YR	119 MO DA YR							
114 WIT EXPENSES	115 OFFICIAL REIMBURSEMENT	116 RETIREMENT DATA	117 SEPARATION DATA CODE	118 Correction / Cancelment Data	119 MO DA YR	120 MO DA YR	121 MO DA YR							
MO DA YR	115 W	116 C	117 C	118 C	119 MO DA YR	120 MO DA YR	121 MO DA YR							
116 WIT EXPENSES	117 OFFICIAL REIMBURSEMENT	118 RETIREMENT DATA	119 SEPARATION DATA CODE	120 Correction / Cancelment Data	121 MO DA YR	122 MO DA YR	123 MO DA YR							
MO DA YR	117 W	118 C	119 C	120 C	121 MO DA YR	122 MO DA YR	123 MO DA YR							
118 WIT EXPENSES	119 OFFICIAL REIMBURSEMENT	120 RETIREMENT DATA	121 SEPARATION DATA CODE	122 Correction / Cancelment Data	123 MO DA YR	124 MO DA YR	125 MO DA YR							
MO DA YR	119 W	120 C	121 C	122 C	123 MO DA YR	124 MO DA YR	125 MO DA YR							
120 WIT EXPENSES	121 OFFICIAL REIMBURSEMENT	122 RETIREMENT DATA	123 SEPARATION DATA CODE	124 Correction / Cancelment Data	125 MO DA YR	126 MO DA YR	127 MO DA YR							
MO DA YR	121 W	122 C	123 C	124 C	125 MO DA YR	126 MO DA YR	127 MO DA YR							
122 WIT EXPENSES	123 OFFICIAL REIMBURSEMENT	124 RETIREMENT DATA	125 SEPARATION DATA CODE	126 Correction / Cancelment Data	127 MO DA YR	128 MO DA YR	129 MO DA YR							
MO DA YR	123 W	124 C	125 C	126 C	127 MO DA YR	128 MO DA YR	129 MO DA YR							
124 WIT EXPENSES	125 OFFICIAL REIMBURSEMENT	126 RETIREMENT DATA	127 SEPARATION DATA CODE	128 Correction / Cancelment Data	129 MO DA YR	130 MO DA YR	131 MO DA YR							
MO DA YR	125 W	126 C	127 C	128 C	129 MO DA YR	130 MO DA YR	131 MO DA YR							
126 WIT EXPENSES	127 OFFICIAL REIMBURSEMENT	128 RETIREMENT DATA	129 SEPARATION DATA CODE	130 Correction / Cancelment Data	131 MO DA YR	132 MO DA YR	133 MO DA YR							
MO DA YR	127 W	128 C	129 C	130 C	131 MO DA YR	132 MO DA YR	133 MO DA YR							
128 WIT EXPENSES	129 OFFICIAL REIMBURSEMENT	130 RETIREMENT DATA	131 SEPARATION DATA CODE	132 Correction / Cancelment Data	133 MO DA YR	134 MO DA YR	135 MO DA YR							
MO DA YR	129 W	130 C	131 C	132 C	133 MO DA YR	134 MO DA YR	135 MO DA YR							
130 WIT EXPENSES	131 OFFICIAL REIMBURSEMENT	132 RETIREMENT DATA	133 SEPARATION DATA CODE	134 Correction / Cancelment Data	135 MO DA YR	136 MO DA YR	137 MO DA YR							
MO DA YR	131 W	132 C	133 C	134 C	135 MO DA YR	136 MO DA YR	137 MO DA YR							
132 WIT EXPENSES	133 OFFICIAL REIMBURSEMENT	134 RETIREMENT DATA	135 SEPARATION DATA CODE	136 Correction / Cancelment Data	137 MO DA YR	138 MO DA YR	139 MO DA YR							
MO DA YR	133 W	134 C	135 C	136 C	137 MO DA YR	138 MO DA YR	139 MO DA YR							
134 WIT EXPENSES	135 OFFICIAL REIMBURSEMENT	136 RETIREMENT DATA	137 SEPARATION DATA CODE	138 Correction / Cancelment Data	139 MO DA YR	140 MO DA YR								

1. PAY STATUS		2. NAME		3. ORGANIZATION		4. FUND		5. LWOP HOURS		
060389				31 630		C+				
6. OLD SALARY RATE				7. NEW SALARY RATE				8. TYPE ACTION		
Grade	Step	Salary	Last Eff Date	Grade	Step	Salary	EFFECTIVE DATE		SI	ADJ
GS 15	6	\$28,291	09/07/69	GS 15	7	\$29,097	09/03/71			
CERTIFICATION AND AUTHENTICATION										
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.										
SIGNATURE						DATE		15/3/71		
<input type="checkbox"/> NO EXCESS LWOP <input checked="" type="radio"/> PER FG <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input checked="" type="radio"/> LATE EXPIRATION OF CONTRACT <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD										
CLERKS INITIALS		0 0 00 000 0 00 0 0 000 0 00				AUDITED BY				
POEM 7-60 E		Use previous editions				PAY CHANGE NOTIFICATION		14-31		

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-656 AND EXECUTIVE ORDER 11576 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 JANUARY 1971

NAME	SERIAL	ORG#, FUNCS	GR-STEP	NEW SALARY
	040389	51 550 CF	GS 15 6	\$28,291

FWD: 13 OCT 70

**SECRET**

(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
060389											
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>											
4. FUNDS		V TO Y	V TO CP	5. EFFECTIVE DATE		6. CATEGORY OF EMPLOYMENT					
			X	09 20 70		REGULAR					
7. Functional Analysis No. Chargeable											
8. CSC OR OTHER LEGAL AUTHORITY 1135 (0856 0000) 50 USC 403 J											
9. ORGANIZATIONAL DESIGNATIONS <b>DOD/WH FOREIGN FIELD BRANCH 2</b>											
10. LOCATION OF OFFICIAL STATION <b>STATION</b>											
11. POSITION TITLE <b>CHIEF OF STATION</b>				12. POSITION NUMBER		13. SERVICE DESIGNATION					
				0198		O					
14. CLASSIFICATION SCHEDULE GS 10 etc.			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE		
GS			0136.05			15 6			26700		
18. REMARKS  <b>HOME BASE: WH</b>											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY. CODE	21. OFFICE CODING		22. STATION CODE	23. INTELLIGENCE CODE	24. GRADE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI		
37	10	51650	WH	16059		3					
28. NTC EXPIRES		29. SPECIAL REFERENCE	30. REINEMENT DATA		31. SEPARATION DATA CODE	32. Correction / Cancellation Data	33. EOD DATA		34. SECURITY REG NO	35. SSI	
09 19 72		83									
36. VET PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE	38. CAREER CATEGORY	39. RETIRE / HEALTH INSURANCE	40. SOCIAL SECURITY NO				
004		NO DA VE		NO DA VE	NO DA VE	NO DA VE	NO DA VE				
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE											
42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA							
004		NO TAX EXEMPTED		NO TAX EXEMPTED		NO TAX EXEMPTED					
45. SIGNATURE OR OTHER AUTHENTICATION											
<b>POSTED</b>											
BSI 10-14-70 JMC											
(When Filled In)											

P-A

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-231 AND  
EXECUTIVE ORDER 11524 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE  
CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 28 DECEMBER 1969

NAME	SERIAL ORGN. FUNDS GR-STEP	NEW SALARY
[REDACTED]	060389 51 650 CF GS 15 6	\$26,700

LOD

60 40

60 40

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-231 AND  
EXECUTIVE ORDER 11524 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE  
CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 28 DECEMBER 1969

NAME	SERIAL ORGN. FUNDS GR-STEP	NEW SALARY
[REDACTED]	060389 51 650 CF GS 15 6	\$26,700

G53

1. SERIAL NO.	2. NAME	3. ORGANIZATION	4. RANK	5. LWOP HOURS	
060389		51 650	CF		
6. OLD SALARY RATE			7. NEW SALARY RATE		
Grade	Step	Salary	Last Eff. Date	Grade Step Salary	
GS 15 3	5	\$24,469	09/10/67	GS 15 6	\$25,189
CERTIFICATION AND AUTHENTICATION					DATE
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF CONFIDENCE.					July 22 1967
SIGNATURE					5-37
<input type="checkbox"/> NO EXCESS LWOP      0      0 <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD					
CLERKS INITIALS					
FORM 7-66 560 E Use previous editions		PAY CHANGE NOTIFICATION			
(431)					

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTION 212 OF PL 93-206 AND EXECUTIVE ORDER 11474 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,  
AS AMENDED, AND A DCI DIRECTIVE DATED 6 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT IS 13 JULY 1964

NAME

--

SEPTAL 1964 PAY RATE

NEW  
SALARY

OCTOBER 51 650 CF GS 15 6

\$26,440

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTIONS 212 AND 216 OF PL 90-206 AND EXECUTIVE ORDER 11413 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 JULY 1968

NAME	SERIAL	DEGM.	FUNDS	GP-STEP	OLD SALARY	NEW SALARY
[REDACTED]	060389	51	650	CF GS 13 5	\$20,356	\$22,416

DCI

APR 1968 PAY ADJUSTMENT FOR PAY GRADE GS-13, RATE 5, FOR THE PERIOD OF 14 JULY 1968 TO 31 DECEMBER 1968

( )

( )

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTION 212 OF PL 90-206 AND EXECUTIVE ORDER 11474 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 JULY 1969

NAME	SERIAL	DEGM.	FUNDS	GP-STEP	NET SALARY
[REDACTED]	062134	42	775	CF GS 13 4	\$17,293

FWD:

**SECRET**  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1 SERIAL NUMBER		2 NAME (LAST FIRST MIDDLE)									
060389											
3 NATURE OF PERSONNEL ACTION											
REASSIGNMENT											
4 EFFECTIVE DATE		5 CATEGORY OF EMPLOYMENT									
05 19 68		REGULAR									
6 FUNDS		V TO V		V TO CF		7 Financial Analysis No Chargeable		8 CSC OR OTHER LEGAL AUTHORITY			
			X		C TO CF	8135 0856 0000		50 USC 403 J			
9 ORGANIZATIONAL DESIGNATIONS											
DDP/WH FOREIGN FIELD BRANCH 2											
10 LOCATION OF OFFICIAL STATION											
11 POSITION TITLE		12 POSITION NUMBER									
CHIEF OF STATION		0198									
14 CLASSIFICATION SCHEDULE (GS, LS, etc.)		15 OCCUPATIONAL SERIES		16 GRADE AND STEP		17 SALARY GS RATE					
GS		0136.05		15 5		20856					
18 REMARKS											
WASH., D.C.											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19 ACTION CODE	20 EMPLOYEE CODE	21 OFFICE CODING		22 STATION CODE	23 INTEGRIE CODE	24 HIRE/1st Date	25 DATE OF BIRTH	26 DATE OF GRADE	27 DATE OF LEI		
37	10	51650 WH		16069							
28 INTE EXPIRES		29 SPECIAL REFERENCE		30 RETIREMENT DATA		31 SEPARATION DATA CODE		32 Correction - Cancellation Data		33 SECURITY REQ NO	34 SER
MO DA 18				1 CSC 2 CSA 3 CAA 4 NONE		CODE		TYPE MO DA 18			
35 VET PREFERENCE		36 SERV COMP DATE		37 LONG COMP DATE		38 CAREER CATEGORY		39 FED/1 - HEALTH INSURANCE		40 SOCIAL SECURITY NO.	
CODE 1 0 NONE 1 3 PT 2 10 PT		MO DA 18		MO DA 18		CAT PROV TEMP		CODE CMA 0 WAIVER 1 RES		HEALTH INS CODE	
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE		42 LEAVE CAT CODE		43 FEDERAL TAX DATA		44 STATE TAX DATA					
CODE 1 0 NO PREVIOUS SERVICE 1 NO BREAK IN SERVICE 2 BREAK IN SERVICE (LESS THAN 3 YRS) 4 BREAK IN SERVICE (MORE THAN 3 YRS)				FORM EXECUTED 1 YES 2 NO		CODE HRS TAX EXEMPTIONS		FORM EXECUTED 1 YES 2 NO		CODE STATE CODES	
SIGNATURE OR OTHER AUTHENTICATION											
FWD											
POSTED <i>[Signature]</i>											
(Indicates that automatic stamping and posting have been completed)											
(When Filled In)											

14-00000

P-14

A-102

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 90-206  
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,  
AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENTS 9 OCTOBER 1967

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
[REDACTED]	060389	51 500	CF	GS 15 5	\$19,978	\$20,856

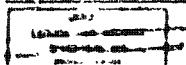
G 40

1. Serial No.	2. Name	3. Cost Center Number	4. LWOP Hours							
060389		51 500 CF								
5. OLD SALARY RATE		6. NEW SALARY RATE								
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSJ	LSD	ADI
GS 15	4	\$19,371	09/12/65	GS 15	5	\$19,978	09/10/67			
8. Remarks and Authorization										
<p>/ NO EXCESS LWOP / IN PAY STATUS AT END OF WAITING PERIOD / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS <i>SB</i> AUDITED BY <i>AF-1</i></p>										
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.										
SIGNATURE: <i>DOUGLASS</i> DATE <i>10-10-67</i>										
PAY CHANGE NOTIFICATION										

PJH: 15 JUL 86

**SECRET**  
(When Filled In)

ODF		NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
0600389		[Redacted]									
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT					
REASSIGNMENT				07/15/66		REGULAR					
6. FUNDS ➡		V TO V	V TO CP	7. COST CENTER NO CHARGEABLE		8. CS. OR OTHER LEGAL AUTHORITY					
		X	CP TO CP	7135 1162 0000		30 USC 403 J					
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION									
DDP/WH WH/C OFFICE OF THE CHIEF		WASH., D.C.									
11. POSITION TITLE		12. POSITION NUMBER		13. SERVICE DESIGNATION							
OPS OFFICER O CH		1106		D							
14. CLASSIFICATION SCHEDULE (GS, LS, RS)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE					
GS		0136.01		15 4		18825					
18. REMARKS WASH., D.C.											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. Employ Code	21. OFFICE CODING		22. STATION CODE	23. INTEGEE CODE	24. Grade Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF ESI		
37	10	NUMERIC	ALPHABETIC	51500	WH	75013	[Redacted]	[Redacted]	[Redacted]		
28. EIE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA			33. SECURITY REG. NO.	34. SEX		
MO DA YR		1 2 3 4	1908	[Redacted]	TYPE	MO DA YR	MO DA YR	[Redacted]			
35. VET PREFERENCE		36. SERV COMP DATE	37. LONG COMP DATE	38. CAREER CATEGORY	39. FEGLI / HEALTH INSURANCE			40. SOCIAL SECURITY NO			
CODE		0: NONE 1: O/PFT 2: I/O/PFT	MO DA YR	MO DA YR	CODE	0: WAIVED	1: YES	CODE	0: WAIVED	1: YES	
41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE ENT. AS CODE		FEDERAL TAX DATA			44. STATE TAX DATA				
CODE		0: NO PREVIOUS SERVICE 1: NO BREAK IN SERVICE 2: BREAK IN SERVICE LESS THAN 1 YEAR 3: BREAK IN SERVICE MORE THAN 1 YEAR		43. TAX EXECUTED CODE			45. TAX EXEMPTIONS		46. STATE TAX CODE		
SIGNATURE OR OTHER AUTHENTICATION											
 <span style="border: 1px solid black; padding: 2px;">07/15/86</span>											



"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-504  
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,  
AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENTS 3 JULY 1966

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
[REDACTED]	060389	51 500	CF	GS 15 4	\$18,825	\$19,371

SECRET  
(When Filled In)

NW14 18 FEB 66

## NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)						
(60369)								
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE						
REASSIGNMENT		MO DA YR 021 18 66						
5. FUNDS ➤		V TO V	V TO CP					
		CP TO V	X CP TO CP					
6. ORGANIZATIONAL DESIGNATIONS		7. COST CENTER OR EQUIVALENT						
DUP/WH WH/C		8. CSC OR OTHER LEGAL AUTHORITY						
OFFICE OF THE CHIEF		9. LOCATION OF OFFICIAL STATION						
11. POSITION TITLE		12. POSITION NUMBER	13. SERVICE DESIGNATION					
CPS OFFICER		1148	U					
14. CLASSIFICATION SCHEDULE (GS, LS, SM)		15. OCCUPATIONAL SERIES	16. GRADE AND STEP					
GS		0136.01	15 4					
17. SALARY OR RATE		18. SALARY OR RATE						
19. REMARKS		20. MADRID, SPAIN						
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
19. ACTION CODE	20. Employ. Code	21. OFFICE CODING	22. STATION CODE	23. INTEGRITY CODE	24. Grade Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
37	10	51500 WH	75013		1	NO DA YR	NO DA YR	NO DA YR
28. NTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE				
NO DA YR								
33. VET PREFERENCE	34. SERV COMP DATE	35. LONG COMP DATE	36. CAREER CATEGORY	37. FEAST / HEALTH INSURANCE	38. SOCIAL SECURITY NO			
CODE	NO DA YR	NO DA YR	CAR REV PROV TEMP	CODE	CODE	0 - 301-100 1 - 186	HEALTH INS CODE	
41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE CAT CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA					
CODE	0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE LESS THAN 3 yrs 3 - BREAK IN SERVICE MORE THAN 3 yrs	FORM EXECUTED CODE 0 - YES 1 - NO	FORM EXECUTED CODE 0 - YES 1 - NO					
SIGNATURE OR OTHER AUTHENTICATION				OP-1866-X				
FROM WE		2						
FORM 1150 Use Previous Edition		SECRET		10-61 EX-100-100000 DRAFTED 1/2 DRAFTED 1/2		(When Filled In)		

•  
SECRET  
(When Filled In)

RZF: 21 OCT 65

NOTIFICATION OF PERSONNEL ACTION												
OOF												
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)										
060389												
3. NATURE OF PERSONNEL ACTION <b>DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM</b>												
4. EFFECTIVE DATE MO DA YY <b>10 24 65</b>						5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>						
6. FUNDS ➤		V TO V	V TO C	7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY		9. LOCATION OF OFFICIAL STATION				
		X	X	5136 1347 ODCOS		SECTION 203 P.L. 88-643						
10. ORGANIZATIONAL DESIGNATIONS <b>DDP/AE FOREIGN FIELD STATION OFFICE OF THE CHIEF</b>												
11. POSITION TITLE <b>CPS OFF ODCOS</b>				12. POSITION NUMBER <b>0897</b>				13. SERVICE DESIGNATION <b>D</b>				
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE						
GS		0136.01		15 4		18170						
18. REMARKS <b>EMPLOYEE WILL BE NOTIFIED BY DISPATCH FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND OF HIS RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.</b>												
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
19. ACTION CODE	20. Employer Code	21. SERVICE CODING ALPHABETIC	22. STATION CODE	23. INTEGRADE CODE	24. Height Code	25. DATE OF BIRTH MO DA YY	26. DATE OF GRADE MO DA YY	27. DATE OF LEI MO DA YY				
28	10	50560 ME	67033	3		03 16 62	03 12 65					
28. HIRE EXPIRES MO DA YY		29. SPECIAL REFERENCE 1 - CSC 2 - FICA 3 - NONE	30. RETIREMENT DATA CODE 2	31. SEPARATION DATA CODE TYPE 2	32. CORRECTION/CANCELLATION DATA CODE 2	33. SECURITY REG NO.		34. SER				
35. VET. PREFERENCE		36. SPRT COMP DATE CODE 0 - NONE 1 - DPT 2 - DPT	37. LONG COMP DATE CODE 0 - NO 1 - YES	38. CAREER CATEGORY CODE 1 - MILITARY 2 - GOVERNMENT 3 - INDUSTRY 4 - STATE GOVT 5 - LOCAL GOVT 6 - FEDERAL GOVT 7 - STATE GOVT 8 - LOCAL GOVT 9 - INDUSTRY 10 - MILITARY	39. FEDEX / HEALTH INSURANCE CODE 0 - WAIVED 1 - YES	40. SOCIAL SECURITY NO						
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREV. IN SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE LESS THAN 3 YEARS 3 - BREAK IN SERVICE MORE THAN 3 YEARS		42. LEAVE CAT CODE	43. FEDERAL TAX DATA CODE 1 - NO 2 - YES	44. STATE TAX DATA CODE 1 - YES 2 - NO								
SIGNATURE OR STAMP AUTHENTICATION												
I OOSTED 10-22-65 AF												
FORM 1150 11-62		Use Previous Edition		SECRET		14-911 (When Filled In)						

SECRET  
(When Filled In)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 49-321  
PURSUANT TO AUTHORITY OF ACT OF 25 SEPTEMBER IN THE CIA ACT OF 1949,  
AS AMENDED, AND A-DCI POLICY DIRECTIVE DATED 4 OCTOBER 1962."

EFFECTIVE DATE OF PAY AUGUST-EST 10 OCTOBER 1963

NAME	SERIAL	CLASS, FUND SOURCE	GRADE/STEP	OLD	NEW
				SALARY	SALARY
	060362	SI 651 OF	GS 15 4	\$18,170	\$18,825

八

SERIAL	CLASS, FUND\$ GRADE&PER	OLD SALARY	NEW SALARY
060362	SI 66% OF GS 15 4	\$18,170	\$18,825

060359 31 60° CF GS 15 4 81°,17° 818-829

\_\_\_\_\_

10

F57

SECRET

(When Filled In)

## NOTIFICATION OF PERSONNEL ACTION

APPC 13/10/69

1. LEGAL NUMBER	2. NAME (LAST FIRST MIDDLE)
060389	

3. NATURE OF PERSONNEL ACTION

## SERIES CODE ADJUSTMENT

4. FUNDS	V 10 Y		S 10 LF	6. EFFECTIVE DATE 03 29 69	5. CATEGORY OF EMPLOYMENT
	O 10 Y	X	O 10 O		

6. ORGANIZATIONAL DESIGNATIONS

DDP/WE DIVISION

7. POSITION TITLE OPS OFFICER DCOS	12. POSITION NUMBER 0897	13. CAREER SERVICE DESIGNATION D
---------------------------------------	-----------------------------	-------------------------------------

14. CLASSIFICATION SCHEDULE (GS 10, etc.) GS	15. OCCUPATIONAL SERIES 0136,01	16. GRADE AND STEP 15	17. SALARY OR RATE
---	------------------------------------	--------------------------	--------------------

18. REMARKS

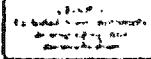
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SIGNATURE OR OTHER AUTHENTICATION

13 SEP 1969

Form 1100  
GPO 1963  
GSA GEN. REG. NO. 2Old Previous  
Edition

SECRET

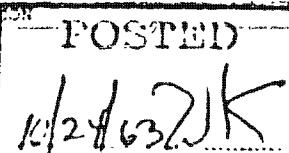


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**GENERAL SCHEDULE RATES**  
**Federal Employees Salary Act of 1964**

**SECRET**  
(When Filled In)

DLS: 8 OCT 63

<b>NOTIFICATION OF PERSONNEL ACTION</b>												
1. OFFICE												
1. SERIAL NUMBER 12. NAME (LAST FIRST MIDDLE) 050389 [REDACTED]												
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>												
4. FUNDS ➤		V TO V		V TO CF		8. EFFECTIVE DATE 00 00 00	9. CATEGORY OF EMPLOYMENT					
		CF TO V	X	CF TO CF		10. 08163	REGULAR					
7. COST CENTER NO CHARGEABLE 8. CSC OR OTHER LEGAL AUTHORITY U135 6400 1017 50 USC 403 J												
9. ORGANIZATIONAL DESIGNATIONS <b>DOP/WE STATION OFFICE OF THE CHIEF</b>												
11. POSITION TITLE OFS OFFICER DCOS				12. POSITION NUMBER 0897	13. SERVICE DESIGNATION D							
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS			15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 15 2	17. SALARY OR RATE 15045							
18. REMARKS [REDACTED]												
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
19. ACTION CODE	20. EMPLOYEE CODE	21. OFFICE CODING NUMBER	22. STATION CODE	23. INTEGEE CODE	24. Grade	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI				
37	10	50660 WE	67033	3	GS	00 00 00	00 00 00	00 00 00				
28. RITE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	33. SECURITY DATA	34. SEE						
NO DA TO		CODE	TYPE	DATA	BIO NO							
1 1												
35. VET PREFERENCE	36. SERV COMP DATE	37. LONG COMP DATE	38. CAREER CATEGORY	39. FEGLI / HEALTH INSURANCE	40. SOCIAL SECURITY NO							
CODE	NO DA 00 00 00	NO DA 00 00 00	CAR. DENT. EMP.	CODE	0 DRIVER 1 TEE							
41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE CAT CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA									
CODE	FORMERLY SERVED CODE	NO. TAX EXCEPTIONS	YEAR EXECUTED	CODE	NO. TAX EXEMPT	STATE CODE						
1. NO PREVIOUS SERVED 2. NO DRAFT IN SERVICE 3. DRAFT IN SERVICE LESS THAN 1-1951 4. DRAFT IN SERVICE 1-1951	1. YES 2. NO	1. YES 2. NO	1. YES 2. NO									
SIGNATURE OR OTHER AUTHENTICATION <b>POSTED</b> 												

1400 1150  
10 28Use Previous  
Edition

SECRET

8 OCT 63

1400 1150  
10 28

(When Filled In)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI  
MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS.  
EFFECTIVE 5 JANUARY 1964.

NAME	SERIAL	ORG FUNDS	GR-SY	OLD SALARY	NEW SALARY
	060389	50 660 CF	GS 15 2	\$19,045	\$16,180

IN ACCORDANCE WITH THE FCC DECISIONS OF PUBLIC LAW 87-792 AND  
OCL MEMORANDUM DATED 1 AUGUST 1968, SALARY IS ADJUSTED AS FOLLOWS,  
EFFECTIVE 14 OCTOBER 1968.

NAME	SCF/SL	SCF/SL	BONUS OR ST SALARY	SLD	SLD	PER	PER
[REDACTED]	RECD	RECD	CH 14-1	912790	17-1	916937	

PSC: 14 SEPT 62

SECRET  
When Filled In

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
060383											
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT							
PROMOTION		09 16 62		REGULAR							
6. FUNDS		V TO V	V TO CF	7. COST CENTER NO CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY					
		LV TO V	X	3136 6400 1017		50 USC 403 J					
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION									
DDP WE		STATION BRANCH									
11. POSITION TITLE		12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION							
OPS OFFICER		0400		D							
14. CLASSIFICATION SCHEDULE (SL. NO.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE					
GS		0136.01		15 1		13730					
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. Enrol. Code	21. OFFICE CODING	22. STATION CODE	23. INTEREST CODE	24. Month	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI			
22	10	62660 WE	67033	3	MO DA YR	09 16 62	09 16 62	09 16 62			
28. RITE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA	32. CORRECTION CANCELLATION DATA				33. SECURITY REG. NO.	34. SSI	
00 00 00								EOD DATA			
		80		CODE	TYPE	MO DA YR					
35. VET PREFERENCE		36. SEIV. COMP. DATE	37. LONG. COMP. DATE	38. CAREER CATEGORY	39. FEES / HEALTH INSURANCE	40. SOCIAL SECURITY NO					
CODE		MO DA YR	MO DA YR	CODE	CODE	0. DRAFTER	HEALTHLINE CODE				
41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE EAT	43. FEDERAL TAX DATA	44.	STATE TAX DATA						
CODE		CODE	CODE	CODE	CODE	0. DRAFTER	NO TAX EXEMPT	CODE	STATE CODE		
SIGNATURE OR OTHER AUTHENTICATION											
Bar 9/1/62											
45. FORM 1150	46. Use Previous Edition	SECRET When Filled In									

**SECRET**  
(When Filled In)

1. Serial No.	2. Name	3. Civil Service Number	4. LWOP Hours							
560389		DDP/WE 14 UV								
5. OLD SALARY RATE		6. NEW SALARY RATE								
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	Pmt	Lst	Adj.
GS 14	3	\$12,730	12/13/59	14	4	\$12,900	06/11/61			
7. TYPE ACTION										
8. Remarks and Authentication										
<p style="margin-left: 100px;">1. NO EXCESS LWOP 2. IN PAY STATUS AT END OF WAITING PERIOD 3. IN LWOP STATUS AT END OF WAITING PERIOD</p> <p style="text-align: right;">663 CK WK</p>										
PAY CHANGE NOTIFICATION										

Form 7-60 560

Obsolete Previous Edition

SECRET

(4-61)

L 1

**SECRET**  
(When Indicated)

BWS: 5 AUG 1960

### NOTIFICATION OF PERSONNEL ACTION

1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth	4. Vet. Prof.	5. Sex	6. C. T.C.D.
560389			No. 1 5 Pt-1 10 Pt-8	M 1	Mo. 06 Da. 26 Yr. 52
7. SCD Mo. 11 Da. 25 Yr. 42	8. CSC Point Yrs. 1 No. 2 Code 1	9. CSC Or Other Legal Authority 50 USCA 403	10. Appt. Allday	11. TCCD Mo. 06 Da. 26 Yr. 52	12. CSC Mo. 06 Da. 26 Yr. 52

#### PREVIOUS ASSIGNMENT

14. Organizational Designations DDP WE BRANCH	Code 712	15. Location Of Official Station WASH., D.C.	Station Code 75013		
16. Dept. - Field Dept. 1 USMIL 3 Frgn. 5	17. Position Title OPS OFF D BR CH	18. Position No. 0179	19. Occup. Series GS 0136.01		
18. Grade & Step 14 3	20. Salary Or Rate \$12730	21. SD D	22. Date Of Grade Mo. 12 Da. 16 Yr. 56	23. PSC Due Mo. 06 Da. 11 Yr. 61	24. Appropriation Number 0136 1000 1000

#### ACTION

27. Nature Of Action REASSIGNMENT	Code 67	28. Eft. Date Mo. 08 Da. 07 Yr. 60	29. Type Of Employee REGULAR	Code 30. Separation Status SM
--------------------------------------	---------	---	---------------------------------	----------------------------------

#### PRESENT ASSIGNMENT

31. Organizational Designations DDP WE STATION BRANCH	Code 4733	32. Location Of Official Station	Station Code 67033		
33. Dept. - Field Dept. 1 USMIL 3 Frgn. 5	34. Position Title OPS OFFICER	35. Position No. 0100	36. Occup. Series GS 0136.01		
38. Grade & Step 14 3	39. Salary Or Rate \$12730	40. SD D	41. Date Of Grade Mo. 12 Da. 16 Yr. 56	42. PSC Due Mo. 06 Da. 11 Yr. 61	43. Appropriation Number 1136 6400 3017

44. Remarks

POSTED

28-26-GO 7/1X

IN ACCORDANCE WITH THE PROVISIONS OF P. L. 86-568 AND DCI MEMO DATED  
1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1956.

SD	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
0	[REDACTED]	560389	47 12	GS-14 3	\$11,835	\$12,730

/S/      EMMETT D. ECHOLS  
DIRECTOR OF PERSONNEL

SECRET

(C) 1964 by the DOD

AES: 10 MAY 1960

## NOTIFICATION OF PERSONNEL ACTION

1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth	4. Vet. Prof	5. Soc Sec	6. CS - ECD	
560389		Mo. Da. Yr. None-0 5 Pt-1 10 Pt-2	Code 1	M 1	Ma. Da. Yr. 06 26 52	
7. SCD	8. CSC Rgmt	9. CSC Or Other Legal Authority	10. Apmt Affidav	11. FEGLI	12. ICB	13. MIL SERV
Mo. Da. Yr. 11 25 42	Yes - 1 No - 2	Code 1	Mo. Da. Yr. Yes - 1 No - 2	Code 06	Mo. Da. Yr. 26 52	Yes - 1 No - 2
50 USCA 403 d						

## PREVIOUS ASSIGNMENT

14. Organizational Designations	Code	15. Location Of Official Station	Station Code		
DDP CI STAFF		5430 WASH., D. C.	75013		
16. Dept. - Field	17. Position Title	18. Position No.	19. Ser. 20. Occup. Series		
Dept - 1 USMIL - 3 Frgn - 5	Code 1 10 CI BR CH	0211	GS 0136.53		
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade	25. PSI Due	26. Appropriation Number
14 3	\$ 11835	D	Mo. Da. Yr. 12 16 56	Mo. Da. Yr. 12 13 59	9 2700 17 001

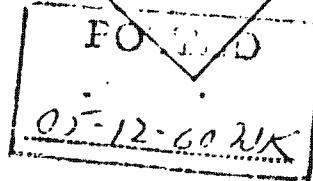
## ACTION

27. Nature Of Action	Code	28. Eff. Date	29. Type Of Employee	Code	30. Separation Data
REASSIGNMENT	57	Mo. Da. Yr. 05 15 60	REGULAR	QM	

## PRESENT ASSIGNMENT

31. Organizational Designations	Code	32. Location Of Official Station	Station Code		
DDP WE BRANCH	4712	WASH., D.C.	75013		
33. Dept. - Field	34. Position Title	35. Position No.	36. Ser. 37. Occup. Series		
Dept - 1 USMIL - 3 Frgn - 5	Code 1 OPS OFF D BR CH	0179	GS 0136.01		
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade	42. PSI Due	43. Appropriation Number
14 3	\$ 11835	D	Mo. Da. Yr. 12 16 56	Mo. Da. Yr. 06 11 61	0136 1000 1000

44. Remarks



**SECRET**  
(WHEN FILLED IN)

1. EMP. SERIAL NO.	2. NAME			3. ASSIGNED ORGAN			4. FUNDS	5. ALLOTMENT			
560389				DDP/CT			UV				
6. OLD SALARY RATE			7. NEW SALARY RATE								
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			BO	DA	VR				BO	DA	VR
GS 14	2	\$11,595	06	15	56	GS 14	3	\$11,835	12	13	59
<b>TO BE COMPLETED BY THE OFFICE OF COMPTROLLER</b>											
8. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP IF EXCESS LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD			9. NUMBER OF HOURS LWOP			10. INITIALS OF CLERK			11. AUDITED BY		
<b>TO BE COMPLETED BY THE OFFICE OF PERSONNEL</b>											
12. TYPE OF ACTION <input type="checkbox"/> P.S.I. <input type="checkbox"/> L.S.I. <input type="checkbox"/> PAY ADJUSTMENT			13. REMARKS 000								
14. AUTHENTICATION      0      0 <i>W.W.</i>											
<b>PAY CHANGE NOTIFICATION</b>											

FORM  
560560 OBSOLETE PREVIOUS EDITION  
REPLACES FORM 560A AND 560B.

SECRET

OFFICIAL PERSONNEL FOLDER

(4)

Q730

SECRET

(When Filled Out)

## NOTIFICATION OF PERSONNEL ACTION

ARE: 6 MAR 1953

1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth	4. Vet. Prof.	5. Sex	6. CS + COD	
560389		Mo. / Da. / Yr.	None-0 5 Pt-1 10 Pt-2	I	M 1	
7. SCD	8. CSC Rating	9. CSC Or Other Legal Authority	10. Appt. Altitude	11. TEGLI	12. LCD	13. Other Info
Mo. 11 Da. 25 Yr. 42	Yes - 1 No - 2 Code 1	50 USCA 403	Mo. 00 Da. 06 Yr. 52	Yes - 1 No - 2 Code 1	Mo. 26 Da. 06 Yr. 52	Yes - 1 No - 2 Code 2

## PREVIOUS ASSIGNMENT

14. Organizational Designations	Code	15. Location Of Official Station	Station Code		
DDP WH BRANCH 11		WASH., D.C.	75013		
SECTION	4675				
16. Dept. - Field	17. Position Title	18. Position No.	19. Serv.	20. Occup. Series	
Dept - 1 USMld - 3 Frgn - 5	Code 1 AREA OPS OFF DCOS	0458	GS	0136.01	
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade	25. Pay Due	26. Appropriation Number
14 2	\$11595	D1	Mo. 12 Da. 16 Yr. 56	Mo. 12 Da. 13 Yr. 59	9 3500 10 200

## ACTION

27. Nature Of Action	Code	28. Eff. Date	29. Type Of Employee	Code	30. Separation Data
REASSIGNMENT	57	Mo. 03 Da. 08 Yr. 59	REGULAR	OM	

## PRESENT ASSIGNMENT

31. Organizational Designations	Code	32. Location Of Official Station	Station Code		
DDP C1 STAFF	5430	WASH., D. C.	75013		
33. Dept. - Field	34. Position Title	35. Position No.	36. Serv.	37. Occup. Series	
Dept - 1 USMld - 3 Frgn - 5	Code 1 10 C1 BR CH	0211	GS	0136.53	
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade	42. Pay Due	43. Appropriation Number
14 2	\$11595	D1	Mo. 12 Da. 16 Yr. 56	Mo. 12 Da. 13 Yr. 59	9 2700 17 001

44. Remarks

SECRET

FEB 1953 1130a 17 3/2/53

(4)

SECRET

## NOTIFICATION OF PERSONNEL ACTION

AES 15 OCT 58

1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth	4. Vet. Net	5. Sex	16. CS - EOD
560354		Mo. Da. Yr.	Non-Net Code	Mo. Du. Yr.	
7. SCD	18. CSC Rintmt	19. CSC Or Other Legal Authority	10. Age At All. Day	11. FEGLI	13. Pl. Min. Yrs
Mo. Da. Yr.	Yrs. 1 Code	No. 1	Mo. Da. Yr.	Mo. Da. Yr.	Yrs. 1 Code
11 25 42	No. 2 1	20 USCA 403	10 Pt-1 1	10 Pt-2 1	No. 2 12

## PREVIOUS ASSIGNMENT

14. Organizational Designations	Code	15. Location Of Official Station	Station Code		
DOP WH BRANCH 111 HAVANA, CUBA STATION		HAVANA, CUBA			
16. Dept. - Field	17. Position Title	18. Position No.	19. Serv.	20. Occup. Series	
Dept - 1 USMID - 3 Frgn - 5	Code Area Ops Off (DCOS)	0115	GS	0136.01	
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade	25. PSI Due	26. Appropriation Number
14 2	\$ 11545	DI	Mo. Da. Yr.	Mo. Da. Yr.	\$ 3545 55 055

## ACTION

27. Nature Of Action	Code	28. Eff. Date	29. Type Of Employment	Code	30. Separation Date
REASSIGNMENT	67	10 19 58	REGULAR	OM	

## PRESENT ASSIGNMENT

31. Organizational Designations	Code	32. Location Of Official Station	Station Code		
DOP WH BRANCH 11		WASH. D.C.	75013		
33. Dept. - Field	34. Position Title	35. Position No.	36. Serv.	37. Occup. Series	
Dept - 1 USMID - 3 Frgn - 5	Code Area Ops Off DCOS	0115	GS	0136.01	
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade	42. PSI Due	43. Appropriation Number
14 2	\$ 11545	DI	12 116 156	12 13 154	\$ 3500 10 200

44. Remarks

**SECRET**  
(WHEN FILLED IN)

1. EMP. SERIAL NO.	2. NAME			3. ASSIGNED ORGAN.		4. PAYOR	5. ALLOTMENT				
560389				DDP/WH 7		UV					
6. OLD SALARY RATE				7. NEW SALARY RATE							
GRADE GS 14	STEP 1	SALARY \$10,320	LAST EFFECTIVE DATE MO DA YR			GRADE GS 14	STEP 2	SALARY \$10,535	EFFECTIVE DATE MO DA YR		
			00	00	58				06	15	58
REMARKS											
<b>CERTIFICATION</b>											
I CERTIFY THAT THE SERVICE AND CONDUCT OF THE ABOVE NAMED EMPLOYEE ARE SATISFACTORY.											
TYPED, OR PRINTED, NAME OF SUPERVISOR		DATE 15 May 58		SIGNATURE OF SUPERVISOR		N.B.					
<b>PERIODIC STEP INCREASE - CERTIFICATION</b>											

FORM NO. 1 MAR. 56 560

SECRET

PERSONNEL FOLDER (4)

SECRET

GENERAL SCHEDULE SALARY INCREASE RETROACTIVELY EFFECTIVE

12 JANUARY 1958 AUTHORIZED BY P. L. 85 - 462 AND DCT

DIRECTIVE. SALARY AS OF 15 JUNE 1958 ADJUSTED AS FOLLOWS

NAME

SERIAL

GRADE-STEP

OLD SALARY

NEW SALARY

[Redacted]
------------

560389

GS-14-2

\$10,535

\$11,595

GORDON W. STEWART  
/S/ DIRECTOR OF PERSONNEL

SECRET

## STANDARD FORM 50 (7 PARTS)

REV. APRIL 1951  
PROVISED BY  
U. S. CIVIL SERVICE COMMISSION  
CHAPTER I, FEDERAL PERSONNEL MANUAL

SECRET

(WHEN FILLED IN)

NOTIFICATION OF PERSONNEL ACTION b7c

1. NAME (ONE - GIVE NAME, INITIALS, AND SURNAME)	2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
MR. [REDACTED] 560383	[REDACTED]	[REDACTED]	16 Dec 1956
This is to NOTIFY YOU OF THE FOLLOWING ACTION affecting your employment:			
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		6. EFFECTIVE DATE	
Promotion 30		16 Dec 1956	
7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY		50 USCA 403 j	
FROM		TO	
		Area Ops Off (DCCS) BAF-115	
GS-0136.01-13 \$9205.00 per annum		GS-0136.01-14 \$10,320.00 per annum	
[REDACTED]		[REDACTED]	
9. SERVICE, SERIES, GRADE, SALARY		10. ORGANIZATIONAL DESIGNATIONS	
[REDACTED]		DDP/mN Branch III Havana, Cuba Station	
11. HEADQUARTERS		Havana, Cuba	
265230		5	
12. FIELD OR DEPT'L.		FIELD	
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION	
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL NONE <input type="checkbox"/> WWII <input type="checkbox"/> OTHER <input type="checkbox"/> 5-PT <input type="checkbox"/> 10-POINT <input type="checkbox"/> OVER <input type="checkbox"/> OTHER		NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REA SD/DI	
15. SEX SEX: M FROM: 7-3545-55-055 TO: 88100 170-85		16. APPROPRIATION 17. SUBJECT TO C. S. RETIREMENT ACT (1950-51)	
18. DATE OF APPOINTMENT APPOINTMENT AFFIDAVITS (CLASSIFICATIONS ONLY)		19. LEGAL RESIDENCE CLAIMED <input type="checkbox"/> PROVED STATE:	
20. REMARKS:  3 EOD 06/26/52  FOSTERED 10/20/52			
ENTRANCE PERFORMANCE RATINGS:			
Director of Personnel			

1. EMPLOYEE COPY

8/12/2002

SECRET

**SECRET**

(WHEN FILLED IN)

STANDARD FORM 50 (7 PARTS)  
REV. APRIL 1961  
PROWULATED BY  
U. S. CIVIL SERVICE COMMISSION  
CHAPTER VI, FEDERAL PERSONNEL MANUAL

**NOTIFICATION OF PERSONNEL ACTION**

dah

1. NAME (LNR - DIBB - MRS. - ORG. GIVEN NAME, INITIALS (X), AND SURNAME)		2. DATE OF BIRTH	3. JURISDICTIONAL ACTION NO.	4. DATE
Mr. [REDACTED]		[REDACTED]	[REDACTED]	31 May 1956
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Reassignment . 56		3 June 1956	50 USC 403 j	
FROM		TO		
Intelligence Officer (FI) BAF-116 [REDACTED] GS-0136.51-13 \$205.00 per annum [REDACTED]		Area Ops. Officer D CO6 BAF-115 [REDACTED] GS-0136.01-13 \$205.00 per annum [REDACTED]		
DDP/WH  Havana, Cuba		DDP/WH Branch III Havana-Cuba Station  Havana, Cuba		
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		
13. VETERAN'S PREFERENCE NONE <input type="checkbox"/> WWII <input type="checkbox"/> OTHER <input type="checkbox"/> 5-PT. <input type="checkbox"/> 10-POINT [REDACTED] X <input type="checkbox"/> DEAD <input type="checkbox"/> WIDOW		14. POSITION CLASSIFICATION ACTION GEN <input type="checkbox"/> VICE <input type="checkbox"/> S.A. <input type="checkbox"/> REAL <input type="checkbox"/> SD/DI		
15. SEX M	16. RACE W	17. APPROPRIATION From: 6-5545-55-055 To: Same	18. SUBJECT TO C. B. RETIREMENT ACT (195-NO)	19. DATE OF APPOINT. WEST AFFILIATE ELECTIONS ONLY Yes
20. LEGAL RESIDENCE <input checked="" type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:				
21. REMARKS:  3 EOD  POSTED 6/9/66				
ENTRANCE PERFORMANCE RATING: Director of Personnel				
FEDERAL PERSONNEL ACTION AUTHENTICATION				

**SECRET**1. EMPLOYER COPY  
6/9/66

## PERIODIC STEP INCREASE CERTIFICATION

CONFIDENTIAL  
DRAFT COPY

U. S. GOVERNMENT PRINTING OFFICE: 1954-856592

1. Agency and organizational designation										2. Payroll period	3. Check No.	4. Ship No.		
5. Employee's name (and social security account number when appropriate)										6. Grade and salary				
										7. -11 80220				
PAYROLL CHANGE DATA														
	BASE PAY	OVERTIME		GROSS PAY	RET.	FEDERAL TAX	BOND	R.I.C.A.	STATE TAX	GROUP LIFE INS.			NET PAY	
7. Previous normal														
8. New normal														
9. Pay this period														
10. Remarks										11. Appropriation(s)	12. Prepared by			
										ML-6	Feb 12 1955 Audited by			
<input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step increase 14. Effective date   15. Date last equivalent increase   16. Old salary rate   17. New salary rate Oct 55   11 Apr 54   2020   2020													18. X PAYMENT BY PAYROLL CHECK SERVICE AND CONDUCT ALL CATERGORIES <small>(Signature or other authentication)</small>	
19. LWOP (Use this if appropriate spaces covering LWOP during following period)													(Check applicable box in case of excess (LWOP) in pay status of LNU of waiting period. <input type="checkbox"/> No excess LWOP. Total excess LWOP	
20. X PAYMENT BY PAYROLL CHECK SERVICE AND CONDUCT ALL CATERGORIES <small>(Signature or other authentication)</small>													(Check applicable box in case of excess (LWOP) in pay status of LNU of waiting period. <input type="checkbox"/> No excess LWOP. Total excess LWOP	
STANDARD FORM NO. 1126d--Revised Form prescribed by Comp. Gen. U. S. October 20, 1954. General Regulation No. 102													PAYROLL CHANGE SLIP — PERSONNEL COPY	

1.  $\sin \theta = \frac{y}{r}$ ,  $\cos \theta = \frac{x}{r}$

**Combined Personnel Action in Time of SIS-SZ.**

Change of Service Designation from D to DI.

Effective date: 12-27-1955

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10 Jan 1955

<b>SECRET</b>		2 Dr Mc 4/1/54 Sear																	
<b>REQUEST FOR PERSONNEL ACTION</b>		<b>UNVOUCHERED</b>																	
<b>REQUESTING OFFICE:</b> Fill in Items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.																			
<b>C NAME (Mr - Miss - Mrs - One given name, initial(s), and surname)</b> Mr. [redacted]		<b>2. DATE OF BIRTH</b> [redacted]																	
<b>3. REQUEST NO.</b> [redacted]		<b>4. DATE OF REQUEST</b> 4 Mar. 54																	
<b>5. NATURE OF ACTION REQUESTED:</b> <b>A. PERSONNEL</b> (Specify whether appointment, promotion, separation, etc.) <b>PROMOTION</b>		<b>6. EFFECTIVE DATE</b> <b>A. PROPOSED:</b> APR 11 1954																	
<b>B. POSITION</b> (Specify whether establish, change grade or title, etc.)		<b>7. C.C. OR OTHER LEGAL AUTHORITY</b> [redacted]																	
<b>FROM</b> <b>INTELLIGENCE OFCR (F) BAF-116-12</b> <b>GS-0136.51-12, \$7240.00 p.s.</b> <b>DDP/WH</b> <b>Havana, Cuba</b>		<b>TO</b> <b>INTELLIGENCE OFCR (F) BAF-116</b> <b>GS-0136.51-13, \$8360.00 p.s.</b> <b>DDP/WH</b> <b>Havana, Cuba</b>																	
<b>8. FIELD</b> <input checked="" type="checkbox"/> <b>FIELD</b> <input type="checkbox"/> <b>DEPARTMENTAL</b>		<b>12. FIELD OR DEPARTMENTAL</b> <input checked="" type="checkbox"/> <b>FIELD</b> <input type="checkbox"/> <b>DEPARTMENTAL</b>																	
<b>A. REMARKS</b> (Use reverse if necessary) <b>BAP-116</b>																			
<b>APPROVED BY</b> <b>FI CAREER SERVICE BOARD</b> <b>DATE: MAR 23 1954</b>																			
<b>9. REQUESTED BY (Name and title)</b> <b>C/MR JCK King</b>		<b>D. REQUEST APPROVAL</b> <b>Signature</b> [redacted] <b>Title</b> [redacted] 5/24/54																	
<b>E. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)</b> <b>XW67</b>																			
<b>13. RETIREMENT PREFERENCE</b> <table border="1"> <tr> <td>REG</td> <td>WWII</td> <td>OTHER RPT</td> <td>10 POINT</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input checked="" type="checkbox"/> DISAB OTHER</td> </tr> </table>		REG	WWII	OTHER RPT	10 POINT				<input checked="" type="checkbox"/> DISAB OTHER	<b>14. POSITION CLASSIFICATION ACTION</b> <table border="1"> <tr> <td>REG</td> <td>VICE</td> <td>S. A.</td> <td>REAL</td> </tr> <tr> <td></td> <td></td> <td></td> <td>CD-FI</td> </tr> </table>		REG	VICE	S. A.	REAL				CD-FI
REG	WWII	OTHER RPT	10 POINT																
			<input checked="" type="checkbox"/> DISAB OTHER																
REG	VICE	S. A.	REAL																
			CD-FI																
<b>15. SEX</b> <b>M</b>	<b>16. PAY GRADE</b> <b>FROM 4-3545-55-055</b> <b>TO 4-3545-55-055</b>	<b>17. APPROPRIATION</b> <b>14-3545-55-055</b> <b>EFFECTIVE 15 MAR 1954</b> <b>SALARY ADJUSTED TO 8990</b>	<b>18. SUBJECT TO C. S. REIMBURSEMENT ACT</b> <b>(115-46)</b>																
<b>19. STANDARD FORM (REVERSE)</b> <b>PLANE AND AIRPORT</b> <b>EFFECTIVE 15 MAR 1954</b> <b>SALARY ADJUSTED TO 8990</b>		<b>20. DATE OF APPOINTMENT</b> <b>4/11/54</b> <b>21. DATE OF ACQUISITION</b> <b>(ACCESSIONS ONLY)</b> <b>22. LEGAL RESIDENCE</b> <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED <b>STATE:</b>																	
<b>22. CLEARANCES</b> <b>A</b> <b>B. CELL OR POS CONTROL</b> <b>C. CLASSIFICATION</b> <b>D. PLACEMENT OR EMPL</b> <b>E</b>		<b>INITIAL OR SIGNATURE</b> <b>CS</b> <b>3/29</b> <b>D. Taylor</b> <b>3/11/54</b>																	
<b>F. APPROVED BY</b> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>																			

GSA GEN. REG. NO. 27  
GSA GEN. REG. NO. 27

10-2222-0

STANDARD FORM 52 FEDERAL GOVERNMENT USE ONLY U. S. CIVIL SERVICE COMMISSION GENERAL - FEDERAL PERSONNEL REvised Chapter 10		<b>SECRET</b>	CONFIDENTIAL	<i>✓ - Draf.</i> <i>2/10/54</i> <i>SD</i>
<b>REQUEST FOR PERSONNEL ACTION</b>				
<b>REQUESTING OFFICE:</b> Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.				
1. NAME (Mr. - Miss - Mrs. - One given name, initial(s), and surname)		2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST
Mr. [redacted]		[redacted]	=	6 Feb 54
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)  Reassignment		6. EFFECTIVE DATE A. PROPOSED:  14 Feb 54		7. C.S. OR OTHER LEGAL AUTHORITY
B. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED:  FEB 14 1954		
FROM-- <b>Ops OP -DEP CHIEF, PA-116-12</b> GS-132-12, \$7240.00 p.a. DDP/WH HAVANA, CUBA		8. POSITION TITLE AND NUMBER  9. SERVICE, GRADE, AND SALARY  10. ORGANIZATIONAL DESIGNATIONS  11. HEADQUARTERS	TO-- <b>IO-FI - PAF-116-12</b> GS-0136.51-12, \$7240.00 p.a. DDP/WH HAVANA, CUBA	
<input checked="" type="checkbox"/> FIELD	DEPARTMENTAL	12. FIELD OR DEPARTMENTAL	<input checked="" type="checkbox"/> FIELD	DEPARTMENTAL
A. REMARKS (Use reverse of reverse side)  <b>BAF-116</b>				
B. REQUESTED BY (Name and telephone extension)		C. REQUEST APPROVED BY  Signature _____ Title _____		
C. IN S.A. (Name and telephone extension) <input checked="" type="checkbox"/> X 4457				
D. VETERAN PREFERENCE		E. POSITION CLASSIFICATION ACTION  50% CD-117		
NAME	MM	OTHER, IF PT	GRADE	RATE
		Y	GS-132-12	\$7240.00
15. RACE	16. APPROVAL CARD	17. SUBJECT TO C.S. RETIREMENT ACT (1950 AND 1955 AMENDMENTS EXCEPT SAILORS)		
SEX 41	FROM 14-3515-55-055 TO 8000	18. DATE OF APPROVAL 1954-02-14 19. LEGAL RESIDENCE STATE		
20. STANDARD FORM 50 PLAINRCS				
21. CLEARANCE		INITIAL OR SIGNATURE	DATE	REMARKS
A		<i>QH</i>	48	
B. CIVIL SERVICE CERTIFICATE				
C. CLASSIFICATION				
D. PLACEMENT OR EQUIPMENT		<i>QH</i>	79	
E. ACCREDITED BY		<i>John G. Johnson 1/1/54</i>		

1. Agency and organization chart designations		2. Pay period		3. Grade and salary		4. Job No.		5. Employee's name and Social Security Number when appropriate		6. Shift No.		
				A. Grade and salary B-2 \$720.00		UV						
<b>PAY ROLL CHANGE DATA</b>												
	BASE PAY	OVERTIME	GROSS PAY	RET.	TAX	BOND	F. I. C. A.			NET PAY		
7. Previous normal					/ /	/ /						
8. New normal												
9. Pay this period												
10. Remarks:						11. Appropriation(s)		12. Prepared by				
						W-6		JK 8-25				
								13. Audited by				
<input checked="" type="checkbox"/> Periodic step increase		<input type="checkbox"/> Pay advanced		<input type="checkbox"/> Other step increase		<input checked="" type="checkbox"/> ✓						
14. Effective date	15. Date last reevaluated/revised	16. Old salary rate	17. New salary rate	18. Performance rating is satisfactory or better.								
27 Sept 53	2-25	\$720.00	\$720.00	✓								
(Signature or other authentication)												
(Check applicable box in case of excess LWOP)												
19. LWOP status - <input type="checkbox"/> Receiving spouse covering LWOP during following periods: Period(s):												
20. Pay stated at end of working period: 20 Sept 53 Pay period ending per 20 Oct 53												
21. Total excess LWOP:												
<input type="checkbox"/> No excess LWOP      Total excess LWOP:												
Initials of Clerk: <i>[Signature]</i>												

WH 4-6

~~SECRET~~

Security Informer

1	2	3
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11/15/52  
P

STANDARD FORM 52 FEBRUARY 1948 GSA GEN. REG. NO. 27 AMENDMENT 1 GENERAL PERSONNEL REGULAR CHARTERED		REQUEST FOR PERSONNEL ACTION		Unvouchered																							
REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.																											
1. NAME (Mr - Miss - Mrs - One given name, initial(s), and surname)		2. DATE OF BIRTH		3. REQUEST NO.																							
				4. DATE OF REQUEST 12/22/52																							
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)			6. EFFECTIVE DATE A. PROPOSED: 12/29/52		7. C. S. OR OTHER LEGAL AUTHORITY																						
B. POSITION (Specify whether establish, change grade or title, etc.)			B. APPROVED: W/Re: 52																								
FROM—  Operations Officer GS-12, \$7040 WII/FI Havana		8. POSITION TITLE AND NUMBER  9. SERVICE, GRADE, AND SALARY  10. ORGANIZATIONAL DESIGNATIONS  11. HEADQUARTERS		TO—  WII/FI Havana																							
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		12. FIELD OR DEPARTMENTAL		<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL																							
A. REMARKS (Use reverse if necessary)																											
B. REQUESTED BY (Name and title) FI/CIA			D. REQUEST APPROVED BY Signature _____ Title _____																								
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) 1/MC 1-X103																											
13. VETERAN PREFERENCE		14. POSITION CLASSIFICATION ACTION																									
<table border="1"> <tr> <td>HOME</td> <td>WORLD</td> <td>OTHER</td> <td>3 PT.</td> <td>10 POINT</td> <td>DISAB.</td> <td>OTHER</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		HOME	WORLD	OTHER	3 PT.	10 POINT	DISAB.	OTHER								<table border="1"> <tr> <td>NEW</td> <td>VICE</td> <td>I.A.</td> <td>REPL.</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>				NEW	VICE	I.A.	REPL.				
HOME	WORLD	OTHER	3 PT.	10 POINT	DISAB.	OTHER																					
NEW	VICE	I.A.	REPL.																								
15. RACE SEA		16. APPROPRIATION FROM: TO:		17. SUBJECT TO C. S. RETIREMENT ACT (111-80)		18. DATE OF APPOINT- MENT APPROVALS (Accessions Only)																					
						19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:																					
20. STANDARD FORM 50 REMARKS						20. STANDARD FORM 50 REMARKS																					
21. CLEARANCE(S)		22. INITIAL OR SIGNATURE		23. DATE		24. REMARKS																					
A																											
B. CEN. OR PWS CONTROL																											
C. CLASSIFICATION																											
D. PLACEMENT OR LEVEL																											
E																											
25. APPROVED BY						26. APPROVED BY																					
						1-5-53																					

~~SECRET~~

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Al Jan 53 DE

1-5-53

SECRET

## CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME		DATE	26 September 1952
NATURE OF ACTION <i>Reassignment</i>		EFFECTIVE DATE <i>26 October 1952</i>	
FROM	TO		
TITLE Operations Officer, GS-12	OPS OF DA-144-12		
GRADE AND SALARY GS-12, \$7040.00 per annum	GS-132-12, \$7040.00 p.a.		
OFFICE			
DIVISION	WH	WH	
BRANCH	III	III	
OFFICIAL STATION	Havana, Cuba (#3517)		
QUALIFICATIONS <i>10-22-52</i>	APPROVAL FOR ASSISTANT DIRECTOR	EXECUTIVE	
CLASSIFICATION	PERSONNEL OFFICER		
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS <input type="checkbox"/> YES <input type="checkbox"/> NO			
DATH OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON _____			
SECURITY CLEARED ON _____			
OVERSEAS AGREEMENT SIGNED _____			
ENTERED ON DUTY _____			
REMARKS: <i>See app 21 Oct 52 Wm adams DA-144</i>			SIGNATURE OF AUTHENTICATING OFFICER
<i>Wm adams</i> C/WH			<i>108889 21 Oct 52</i>
R Date			

FD-100-DO  
Rev. 1-66, G-2-1

SECRET

SECRET

*Walter  
301/June 1952*

## CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME	DATE	
<input type="text"/>	3 April 1952	
NATURE OF ACTION	EFFECTIVE DATE	
Appointment	26 June 1952	
FROM	TO	
TITLE	Operations Officer, GS-12	
GRADE AND SALARY	GS-12, \$700.00 per annum	
OFFICE		
DIVISION	WH	
BRANCH	Branch III	
OFFICIAL STATION		
APPROVAL		
QUALIFICATIONS	FOR ASSISTANT DIRECTOR	EXECUTIVE
<input type="text"/> 5-9-52 <i>-592</i>	PERSONNEL OFFICER	
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
OATH OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON 27 June 1952		
SECURITY CLEARED ON 9 May 1952		
OVERSEAS AGREEMENT SIGNED 27 June 1952		
ENTERED ON DUTY 26 June 1952		
DOB - 04/11/54 CSEOD - 06/26/52 LCD - 06/26/52		
(SIGNATURE OR AUTHENTICATION OFFICER)		
REMARKS: S-42 Please initiate security clearance. Addendum to PMS attached. <i>John J. Lee, Director, Security Branch</i> <b>ROESSED</b> <i>John J. Lee, Director, Security Branch</i> 3 April 1952		

37-1

SECRET

**SECRET****SECRET**

(When Filled In)

**MEDICAL ACTION REQUEST AND REPORT****I. REQUEST FOR PHYSICAL EXAMINATION BY**

1. NAME (Last) (First) (Initials)	1B-4416	2. Date 6 June 1956
3. TO POSITION <b>Area Ops Off (DCOS)</b>	4. OFFICE, DIVISION, BRANCH <b>DD's WH, III</b>	5. Grade <b>GS-13</b>
6. TYPE OF POSITION <input type="checkbox"/> Departmental <input type="checkbox"/> U.S. Field <input checked="" type="checkbox"/> Overseas  <b>Havana, Cuba</b>	7. EVALUATE FOR <input type="checkbox"/> EOD <input checked="" type="checkbox"/> Overseas <input type="checkbox"/> Returnee	<input type="checkbox"/> Pre-Employment <input type="checkbox"/> Annual <input type="checkbox"/> Special (Specify)

**II. REPORT OF MEDICAL EVALUATION**

- Qualified for Full Duty (General)  
 Qualified for Departmental Duty Only  
 Disqualified

Remarks: Subject is qualified for proposed PCS overseas assignment (6/12/56).

*May 31. Hartman*

**SECRET**

MEDICAL OFFICE

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 060389	
<b>SECTION A</b>					
1. NAME (First) (Last) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE S SU GS-15 D
			M		
5. OFFICIAL POSITION TITLE <b>Ops Officer, Chief</b>			7. OFF CIV HR OF ASSIGNMENT <b>DDP/WH/6</b>	8. CURRENT STATION <b>Headquarters</b>	
9. CHECK (X) TYPE OF APPOINTMENT <b>XX CAREER</b>			10. CHECK (X) TYPE OF REPORT <b>XX INITIAL ANNUAL</b>	REASSIGNMENT SUPERVISOR REASSIGNMENT EMPLOYEE	
CAREER-PROVISIONAL (See Instructions - Section C)  SPECIAL (Specify):			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P. <b>February 1972</b>			12. REPORTING PERIOD (From - To) <b>1 April 1971 - 31 January 1972</b>		
<b>SECTION B</b> PERFORMANCE EVALUATION					
<p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
<p>List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).</p>					
SPECIFIC DUTY NO. 1					RATING LETTER
SPECIFIC DUTY NO. 2					RATING LETTER
SPECIFIC DUTY NO. 3					RATING LETTER
SPECIFIC DUTY NO. 4					RATING LETTER
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
SPECIFIC DUTY NO. 7					RATING LETTER
SPECIFIC DUTY NO. 8					RATING LETTER
SPECIFIC DUTY NO. 9					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
<p>Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.</p>					
APR 1972 F-47					RATING LETTER
S					RATING LETTER

**SECRET**

(SIAM Form 111-1, Rev. 1)

**SECTION C****NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

See MEMORANDUM IN LIEU OF FITNESS REPORT attached.

**SECTION D****CERTIFICATION AND COMMENTS**

1.	BY EMPLOYEE	
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	

2.	BY SUPERVISOR	
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE

14 March 1972	Acting Deputy Chief, WHD	RICHARD S. WELCH Richard S. Welch (signed)
---------------	--------------------------	---

3.	BY REVIEWING OFFICIAL	
COMMENTS OF REVIEWING OFFICIAL		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE

14 March 1972	Acting Chief, WHD	James E. Flannery (signed)
---------------	-------------------	----------------------------

**SECRET**

SECRET

Then Follows

FITNESS REPORT						EMPLOYEE SERIAL NUMBER 060389
<b>SECTION A</b>			<b>GENERAL</b>			
1. NAME <input style="width: 100%; height: 25px; border: 1px solid black; margin-bottom: 2px;" type="text"/>		(Last) <input style="width: 100%; height: 25px; border: 1px solid black; margin-bottom: 2px;" type="text"/>	(First) <input style="width: 100%; height: 25px; border: 1px solid black; margin-bottom: 2px;" type="text"/>	(Middle) <input style="width: 100%; height: 25px; border: 1px solid black; margin-bottom: 2px;" type="text"/>	2. DATE OF BIRTH <input style="width: 100%; height: 25px; border: 1px solid black; margin-bottom: 2px;" type="text"/>	3. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F
4. GRADE <input checked="" type="checkbox"/> GS-15 <input type="checkbox"/> GS-16 <input type="checkbox"/> GS-17 <input type="checkbox"/> GS-18 <input type="checkbox"/> GS-19 <input type="checkbox"/> GS-20		5. SD <input checked="" type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> W <input type="checkbox"/> X <input type="checkbox"/> Y <input type="checkbox"/> Z		6. OFFICIAL POSITION/TITLE <b>Ops Officer/Chief of Station</b>		
7. OFF/DIV/BR OF ASSIGNMENT <b>DDP/WH/2</b>			8. CURRENT STATION <input style="width: 100%; height: 25px; border: 1px solid black; margin-bottom: 2px;" type="text"/>			
9. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> C CAREER <input type="checkbox"/> R RESERVE <input type="checkbox"/> T TEMPORARY CAREER-PROVISIONAL (See Instructions - Section C)			10. CHECK (X) TYPE OF REPORT <input checked="" type="checkbox"/> I INITIAL <input type="checkbox"/> A ANNUAL <input type="checkbox"/> S SPECIAL (Specify): REASSIGNMENT SUPERVISOR REASSIGNMENT EMPLOYEE			
11. DATE REPORT DUE IN O.P. <b>30 April 1971</b>			12. REPORTING PERIOD (From - To) <b>1 April 1970 - 31 March 1971</b>			
<b>SECTION B</b> <b>PERFORMANCE EVALUATION</b>						
U-Unsatisfactory	Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.					
M-Marginal	Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.					
P-Proficient	Performance is satisfactory. Desired results are being produced in the manner expected.					
S-Strong	Performance is characterized by exceptional proficiency.					
O-Outstanding	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.					
<b>SPECIFIC DUTIES</b>						
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).						
SPECIFIC DUTY NO. 1						RATING LETTER
See attached memorandum.						RATING LETTER
SPECIFIC DUTY NO. 2						RATING LETTER
SPECIFIC DUTY NO. 3						RATING LETTER
SPECIFIC DUTY NO. 4						RATING LETTER
SPECIFIC DUTY NO. 5						RATING LETTER
SPECIFIC DUTY NO. 6						RATING LETTER
SPECIFIC DUTY NO. 7						RATING LETTER
SPECIFIC DUTY NO. 8						RATING LETTER
SPECIFIC DUTY NO. 9						RATING LETTER
SPECIFIC DUTY NO. 10						RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>						
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						
						RATING LETTER
						S

**SECRET**

(When Filled In)

**SECTION C****NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach separate sheet of paper.

100-10004

**See Attachment.****SECTION D****CERTIFICATION AND COMMENTS****1.****BY EMPLOYEE****I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT****DATE****SIGNATURE OF EMPLOYEE**

/s/

**2.****BY SUPERVISOR****MONTHS EMPLOYEE HAS BEEN  
UNDER MY SUPERVISION****IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION****DATE****OFFICIAL TITLE OF SUPERVISOR****TYPED OR PRINTED NAME AND SIGNATURE**

14 April 1971

Deputy Chief, WH Division

/s/ James E. Flannery

**3.****BY REVIEWING OFFICIAL****COMMENTS OF REVIEWING OFFICIAL****See attachment.**

<b>DATE</b>	<b>OFFICIAL TITLE OF REVIEWING OFFICIAL</b>	<b>TYPED OR PRINTED NAME AND SIGNATURE</b>
24 June 1971	Chief, WH DIVISION	/signed/ William V. Broe

**SECRET**

14 April 1971

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT: [REDACTED]  
1 April 1970 to 31 March 1971

Mr. [REDACTED] departed [REDACTED] on 21 February 1971, after having served as Chief of Station for two and one half years. The last year of his tour was highlighted by two extremely delicate, highly productive operations targeted against the [REDACTED] operation of a most sensitive nature stemming from them. This latter operation, focused as it was around [REDACTED] called for constant good judgment on how to pursue U. S. Government interests with this highly sensitive and significant intelligence at hand. (It was highlighted at the WH Division's Chiefs of Station Conference held in February 1971 as a classic example of both the collection and use of intelligence on the real "national interest" level.)

Throughout these operations, Mr. [REDACTED] handled himself very well, especially during the latter part of his tenure when he was under considerable pressure as an almost inevitable consequence of the impact of these operations. Ultimately, Mr.

[REDACTED] was requested by the [REDACTED]  
[REDACTED] It should be stressed that this was a mark of his operational success rather than the result of any operational "flap" or miscue whatever.

[REDACTED]  
The

- 2 -

fact that, under these general circumstances, he continued to function normally, responding to numerous demands being made on him by the situation and Headquarters, and set about paving the way for his successor to take up the cudgel from the best operational platform -- all this speaks for itself and certainly underlines the fine quality of Mr. [redacted] professional and personal characteristics.

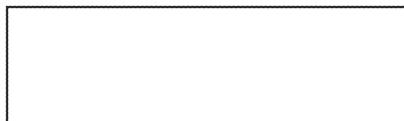
In the realm of normal activity, Mr. [redacted] handled his officers with both firmness and tact. He was a good manager, ran a taut Station, and had cut back on several marginal operations, streamlined others, and initiated some new ones. He writes well and quickly, and he has exceptional fluency in Spanish. He moved very well in the local community and, during his tenure, established a wide range of contacts.

Mr. [redacted] relationship with the [redacted] was excellent, and [redacted] was a great help to him in discharging his representational duties and [redacted] within the [redacted]  
[redacted]

In sum, Mr. [redacted] is a "pro" who turned in a strong performance both before and after the chips were down.

J. E. Flannery  
Deputy Chief  
Western Hemisphere Division

I certify that I have seen  
this memorandum:



15 Feb 1971  
Date

SECRET

[redacted]  
1 April 1970 to 31 March 1971

Comments of Reviewing Official:

I fully concur with the Rater's comments. I am pleased that Mr. Flannery explained the circumstances surrounding Mr. Williamson's [redacted] so well. His tour was a fine piece of operational work and in no way should it be tarnished by misinterpretation or gossip.

*William V. Broe*

William V. Broe

Chief

24 June 1971

Date

Western Hemisphere Division

SECRET

**SECRET**

### Chancery Practice

23 June 1970

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT: [REDACTED]  
1 April 1969 - 31 March 1970

[REDACTED] has become progressively more important to the Agency because of its very active [REDACTED] and signs of the imminent arrival of the [REDACTED]. In anticipation, Mr. [REDACTED] has geared his Station and honed his operations to cope with these problems. [REDACTED] Station has some of the more sophisticated and interesting operations in the [REDACTED] area, and the Station is preparing to exploit its assets to the maximum to meet the expected presence of the [REDACTED]

Mr. [REDACTED] is an old "pro" who has had a variety of experiences in the intelligence field and who brings to his work maturity garnished with enthusiasm and expertise.

He has done particularly well in guiding his subordinates and extracting the maximum from them. His leadership is deft but firm.

His relationship with the [REDACTED] a difficult person to deal with, who was not at first happy to have Mr. [REDACTED] progressed to the point that he became a valuable member of the [REDACTED] and had the respect of the ambassador. There is a new ambassador now and it is clear that Mr. [REDACTED] has gotten off to a very good start with him.

SECRET

14-00000

SECRET

- 2 -

He has a large range of contacts in the community and  
he has been helped [redacted]  
in his work.

His subordinates have a high regard for him--from a  
professional as well as personal standpoint--and look to him  
for guidance and leadership.

He is judicious in the use of government funds, extract-  
ing the maximum from the operational dollar. His Spanish is  
excellent, and his experiences in Latin affairs have given him  
a grace in moving among the locals.

He is rated as Strong.



Deputy Chief  
Western Hemisphere Division

I certify that I have seen  
this memorandum:



24 May 1970  
Date

SECRET

SECRET

SUBJECT: [REDACTED]  
1 April 1969 - 31 March 1970

Comments of Reviewing Official:

I concur completely with the Rater's comments concerning this excellent officer. Mr. [REDACTED] has again and again shown himself to be the real professional that he is. It is a comfort to a Division Chief to have such a COS in the field.

*William V. Broe*

William V. Broe  
Chief

Western Hemisphere Division

\_\_\_\_\_  
Date

8 JUL 1970

SECRET

SECRET

(When Filled In)

<b>FITNESS REPORT</b>						EMPLOYEE SERIAL NUMBER 060389
<b>SECTION A</b>						
1. NAME (Last) <input type="text"/> (First) <input type="text"/> (Middle) <input type="text"/>			2. DATE OF BIRTH <input type="text"/>	3. SEX <input type="text"/> M	4. GRADE <input type="text"/> GS-15	5. SD <input type="text"/> D
6. OFFICIAL POSITION TITLE <b>Chief of Station</b>			7. OFF DIV BR OF ASSIGNMENT <input type="text"/> DDP/WII/2	8. CURRENT STATION <input type="text"/>		
9. CARRIER / TYPE OF APPOINTMENT XXX CARRIER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			10. CHECK (X) TYPE OF REPORT INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISION <input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify): <input type="text"/>			
11. DATE OF REPORT DUE IN O.P. <b>30 April 1969</b>			12. REPORTING PERIOD (From - To) <b>1 April 1968 - 31 March 1969</b>			
<b>SECTION B</b> PERFORMANCE EVALUATION						
<b>W - Weak</b>	Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.					
<b>A - Adequate</b>	Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.					
<b>P - Proficient</b>	Performance is more than satisfactory. Desired results are being produced in a proficient manner.					
<b>S - Superior</b>	Performance is characterized by exceptional proficiency.					
<b>O - Outstanding</b>	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.					
<b>SPECIFIC DUTIES</b>						
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						
SPECIFIC DUTY NO. 1 <b>See attached</b>						RATING LETTER
SPECIFIC DUTY NO. 2						RATING LETTER
SPECIFIC DUTY NO. 3						RATING LETTER
SPECIFIC DUTY NO. 4						RATING LETTER
SPECIFIC DUTY NO. 5						RATING LETTER
SPECIFIC DUTY NO. 6 						RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>						
Take into account everything about the employee which influences his effectiveness in his current position such as performance on specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER
						<b>S</b>

**SECRET**

(Other Referrals)

**SECTION C****NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Managerial performance of supervisory or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds must be commented upon, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

See attached Memorandum in Lieu of Fitness Report.

**SECTION D****CERTIFICATION AND COMMENTS**

1.

**BY EMPLOYEE**

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

SIGNATURE OF EMPLOYEE

/subject in field/

2.

**BY SUPERVISOR**MONTHS EMPLOYEE HAS BEEN  
UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

10 July 1969

Deputy Chief, WII Division

/signed/

3.

**BY REVIEWING OFFICIAL**

COMMENTS OF REVIEWING OFFICIAL

See attached.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL, TYPING POINT NUMBER AND SIGNATURE

28 July 1969

Chief, WII Division

/signed/ William V. Brown

**SECRET**

10 July 1969

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT: [REDACTED]  
1 April 1968 - 31 March 1969

Mr. [REDACTED] began his tour as Chief of Station, [REDACTED] [REDACTED] in July 1968. He was well prepared for the responsibilities of the assignment, having served in two important stations as Deputy Chief of Station, and as Deputy Chief, WH/COG.

At the outset of his assignment, Mr. [REDACTED] was confronted with [REDACTED] who had reservations on several matters connected with the station, including problems concerning the establishment of a [REDACTED] operation. Shortly thereafter [REDACTED] activities placed an additional burden on the [REDACTED] station and on relations with the [REDACTED]. Mr. [REDACTED] weathered these initial rough spots well, keeping Agency interests protected.

In the seven months since his arrival in [REDACTED] Mr. [REDACTED] not only succeeded in overcoming the initial frostiness, but has mollified the [REDACTED] misgivings on several potential items of conflict. Furthermore, he has won a strong endorsement from the ambassador who has made it a point to inform Headquarters officers that he is highly pleased by the manner in which Mr. [REDACTED] is handling his assignment.

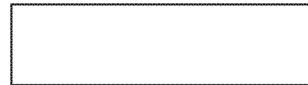
SUBJECT: [REDACTED]

1 April 1968 - 31 March 1969

Mr. [REDACTED] has an aggressive, constructive and realistic approach to operations. He has made a good assessment of the station's operational assets and personnel and has succeeded in sharpening general performances. Coordination and cooperation between the station and Headquarters leaves nothing to be desired.

He displays appropriate cost-consciousness. The morale of station personnel is high. Mr. [REDACTED] and his wife are highly regarded by embassy personnel, and have established a wide circle of Costa Rican friends and contacts.

He has put in a Strong performance.



Deputy Chief  
Western Hemisphere Division

I certify that I have  
seen this memorandum:



Date

14-00000  
SECRET

SUBJECT: [REDACTED]  
1 April 1968 - 31 March 1969

I concur with the rater's comments. Mr. [REDACTED]

[REDACTED] has handled himself most professionally and adroitly and the  
[REDACTED] Station is making fine progress under his leadership.

ship.

*William V. Broe*  
William V. Broe

Chief

28 July 1969      Western Hemisphere Division  
Date

SECRET

SECRET

(When Filled In)

<b>FITNESS REPORT</b>				EMPLOYEE SERIAL NUMBER <b>060389</b>
<b>SECTION A</b>				
1. NAME John Smith		2. DATE OF BIRTH 1940	3. SEX M	4. GRADE S-3D
5. OFFICIAL POSITION TITLE <b>Ops Officer D Ch</b>		6. OFF/DIV/BR OF ASSIGNMENT <b>WII/COG</b>	7. CURRENT STATION <b>Hats.</b>	
8. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY CAREER-PROVISIONAL (See Instructions - Section C)		9. CHECK (X) TYPE OF REPORT <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify):		
10. DATE REPORT DUE IN O.P. <b>04/68</b>		11. REPORTING PERIOD (From - To) <b>1 April 1967 - 31 March 1968</b>		
<b>SECTION B</b> <b>PERFORMANCE EVALUATION</b>				
<p><b>W - Weak</b>      Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counselling, to further training, to placing on probation, to reassignment, or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b>      Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b>      Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b>      Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b>      Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>				
<b>SPECIFIC DUTIES</b>				
<p>List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).</p>				
SPECIFIC DUTY NO. 1  See attached Memorandum for the Record.				RATING LETTER
SPECIFIC DUTY NO. 2				RATING LETTER
SPECIFIC DUTY NO. 3				RATING LETTER
SPECIFIC DUTY NO. 4				RATING LETTER
SPECIFIC DUTY NO. 5				RATING LETTER
SPECIFIC DUTY NO. 6				RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>				
<p>Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.</p>				RATING LETTER <b>S</b>

**SECRET**

(When Filled In)

**SECTION C****NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance, managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, may be commented on if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

0 53 AM 68

MAIL 5/1/68

**SECTION D****CERTIFICATION AND COMMENTS**

1.

BY EMPLOYEE

DATE

23 June 1968

I CERTIFY THAT I HAVE SEEN SE

SIGNATURE OF EMPLOYEE

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN  
UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

19 June 1968

OFFICIAL TITLE OF SUPERVISOR

Chief, WII/COG

TYPED OR PRINTED NAME AND SIGNATURE

David A. Phillips

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I heartily concur with the rating and comments submitted by  
 Mr. [redacted] superior. Mr. [redacted] is a fine professional  
 who very much deserves his new assignment as Chief of Station,

[redacted]

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

21 June 1968

Chief, WII Division

William V. Broe

**SECRET**

~~SECRET~~

19 June 1968

MEMORANDUM FOR THE RECORD

SUBJECT: Memorandum in Lieu of Fitness Report -  
Mr. [redacted]

1. Mr. [redacted] is on the eve of his departure as an overseas Chief of Station. This is a logical and justified next step in his career development. Mr. [redacted] responsibilities have been considerable in recent years: DCOS in two important Stations; Chief, FI and then Deputy Chief of WH/COG. It should be pointed out that in the latter position he was Acting Chief for long periods, performing admirably. His new assignment indicates that the most senior officers in the Division have recognized this.

2. Mr. [redacted] is a professional intelligence officer in the strictest sense of the word. He is hard-driving and tenacious; despite his seniority he is on any list of activists; he has the capability of getting things going, of getting the job done. He applies rigid standards to his subordinates, but no less rigid than those he applies to himself. He is cost-conscious to an unusual degree. He is a fluent speaker of idiomatic Spanish and can handle himself well in any milieu. If Mr. [redacted] is ever less than diplomatic it is when considering ersatz operational proposals or phoney practices, neither of which he can tolerate.

3. There is no question that in his next assignment Mr. [redacted] will benefit from the social graces of his [redacted]. In his own private life Mr. [redacted] maintains numerous important contacts.

SECRET

4. In summary, Mr. [redacted] is a dedicated and professional intelligence officer. He will undoubtedly continue his fine performance as a Chief of Station, and should in time be promoted to the next higher grade.



David A. Phillips  
Chief, WH/COG

SECRET  
SUBJ

S E C R E T

TECHNICAL SERVICES DIVISION -- TECHNICAL SCHOOL

Training Report

Name : [REDACTED]

Office: WH

Date : 10 May 1968

1. OBJECTIVES:

To provide a general knowledge in:

- a. Selected gear used for [REDACTED] Included are representative samples of:

[REDACTED]

- b. The philosophy, purpose, considerations and manageability of [REDACTED] systems; including message security, link security, reliability and feasibility of [REDACTED] systems.

[REDACTED]

INSTRUCTOR  
TSD/TECHNICAL SCHOOL

S E C R E T

S-E-C-R-E-T  
(When Filled In)

24 May 1968

MEMORANDUM FOR: Chief, Transactions & Records Branch/OP  
FROM : Chief, External Training Branch/RS/TR  
SUBJECT : Completion of External Training

This is to advise you that \_\_\_\_\_ training request  
# R-022109 attended the following external training program :

COURSE : NATIONAL INTERDEPARTMENTAL SEMINAR  
INSTITUTION: FSI  
DATE : 26 Feb.-22 Mar. 1968  
GRADE : Successfully Completed

FOR THE DIRECTOR OF TRAINING:



Attachments:

- Grade Report
- Certificate of Completion
- Roster of Participants
- Training Report by Student
- Training Report by Institution
- None
- Other: \_\_\_\_\_

CGC/P: I  
Excluded from Automatic  
Downgrading and  
Declassification

S-E-C-R-E-T  
(When Filled In)



Department of State • Department of Defense •  
Agency for International Development • U. S. Information Agency

NATIONAL INTERDEPARTMENTAL SEMINAR

*This is to certify that*



*has successfully completed the seminar on  
PROBLEMS OF DEVELOPMENT  
AND INTERNAL DEFENSE  
at the Foreign Service Institute, Washington, D.C.*

W. T. R. C.  
SIGNED OFFICIAL

Seminar Coordinator

March 22, 1958

*Cecil C. G.*  
Director of FSI

S-E-C-R-E-T

## TRAINING REPORT

Chiefs of Station Seminar No. 3-68  
80 hours, full time

Participant  Office : WH

Year of Birth:  Service Designation: D

Grade : GS-15 No. of Students

EOD Date : June 1952

## COURSE OBJECTIVES, CONTENT AND METHODS

The COS Seminar is aimed to prepare prospective Chiefs and Deputy Chiefs of Station and Chiefs of Base for field assignments. Emphasis was upon the difficulties confronting Chiefs of small or medium-sized installations, since they must handle a peculiarly wide range of problems. Included were case studies serving to remind outgoing chiefs of various operational approaches and techniques, but more time was devoted to policy, coordination, management, reporting, and administrative responsibilities of the Chief of Station, both within CIA and in the government at large, at home and abroad.

The bulk of the course is given in lectures and question periods conducted by officials responsible for the missions, functions, programs, and services discussed. A few key items of suggested reading are included, and bibliographies of suggested reading tailored to the individual's assignment are offered for those who want them.

## ACHIEVEMENT RECORD

This is a certificate of attendance. No further assessment of individual capacity or performance is made in this course.

## FOR THE DIRECTOR OF TRAINING:

<input type="text"/>	APR 1968
	Date

S-E-C-R-E-T

**SECRET**

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 060389	
<b>SECTION A</b>					
1. NAME		2. DATE OF BIRTH		3. SEX	4. GRADE
				M	GS-15
5. OFFICIAL POSITION TITLE Ops Officer D Ch		7. OFF/DIV/BR OF ASSIGNMENT DDP/WH/COG		8. CURRENT STATION WASH., D.C.	
9. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY CAREER-PROVISIONAL (See Instructions - Section C) SPECIAL (Specify):		10. CHECK (X) TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL		REASSIGNMENT SUPERVISOR REASSIGNMENT EMPLOYEE SPECIAL (Specify):	
11. DATE REPORT DUE IN Q.P. 19 Feb 66		12. REPORTING PERIOD (From - To) 19 Feb 66 - 31 March 67			
<b>SECTION B</b> <b>PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b>      Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b>      Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b>      Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b>      Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b>      Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 See attached memorandum.					RATING LETTER
SPECIFIC DUTY NO. 2					RATING LETTER
SPECIFIC DUTY NO. 3					RATING LETTER
SPECIFIC DUTY NO. 4					RATING LETTER
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
SPECIFIC DUTY NO. 7					RATING LETTER
<b>80 JUL 1967 OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER S

**SECRET**

(When Filled In)

**SECTION C****NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign-language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

JUN 14 3 27 11 '67

See attached memorandum.

**SECTION D****CERTIFICATION AND COMMENTS**

1.

**BY EMPLOYEE**

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

SIGNATURE

2.

**BY SUPERVISOR**MONTHS EMPLOYEE HAS BEEN  
UNDER MY SUPERVISION

12

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

OFFICIAL TITLE OF SUPERVISOR

1 May 1967 Chief, WH/COG

TYPED OR PRINTED NAME AND SIGNATURE

Thomas J. Flores

3.

**BY REVIEWING OFFICIAL**

COMMENTS OF REVIEWING OFFICIAL

Concur. Mr. [REDACTED] is one of the relatively few Division officers who, having reached a senior position, still enjoys making recruitments and handling agents. He will be going to the field during the next calendar year to a senior assignment.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

12 June 1967

Deputy Chief, WH Division

Jacob D. Esterline

**SECRET**

SECRET

MEMORANDUM FOR THE RECORD

SUBJECT: Memorandum in Lieu of Fitness Report -  
Mr. [redacted]

1. Mr. [redacted] reported to WH/Cuban Operations Group in February 1966 and immediately took over the functions of Chief of the FI Branch. This Branch is concerned with the conduct of positive intelligence operations on a world-wide basis [redacted] target. A small proportion of these operations were conducted directly from Headquarters (including the [redacted]). The larger number of these operations was conducted through [redacted] supervision involved the provision of staff support and guidance and extensive dealings with other Divisions and, to a lesser degree, with [redacted] Mr. [redacted] took hold of these duties quickly and forcefully and carried them out effectively and efficiently.

2. In July 1966, Mr. [redacted] was appointed Deputy Chief of the Cuban Operations Group. In this role his duties involved supervision of the totality of the operational effort, including FI, CI, [redacted] and [redacted]. Again, Mr. [redacted] undertook his broader duties forcefully and efficiently. He has shown qualities of leadership and good managerial skills in dealing with personnel and organizational matters.

3. During this period, Mr. [redacted] has primarily been interested in substantive operational matters. He has carried out efficiently and promptly those staff functions which I have assigned to him, but I detect a certain lack of interest in these. Probably this reflects his most outstanding ability and consuming interest in the real heart of our activities--the production of intelligence and in the conduct of actions against our target. He has participated personally in several operations and is one of the relatively few senior officers who delights in handling agents and making recruitments.

SECRET

CONFIDENTIAL

4. Mr. [REDACTED] is conscientious and economical in the use of operational assets, manpower and money. He is married to a charming young woman who is socially active, entertains well and is a real asset in representational activities.

5. Mr. [REDACTED] Spanish is fluent and colloquial, and in combination with his extensive understanding of Latin America and its people contributes enormously to his effectiveness.

Thomas J. Flores  
Chief, WH/COG

**SECRET**

(When Filled In)

<b>FITNESS REPORT</b>					<b>EMPLOYEE SERIAL NUMBER</b> 0610410
<b>SECTION A GENERAL</b>					
1. NAME	(Mr.)	2. DATE OF BIRTH	3. SEX	4. GRADE	5. BG
6. OFFICIAL POSITION TITLE Sgt. Major Officer - C.H.		7. OFFICER/ENLISTED ASSIGNMENT Sgt. Major C.H.		8. CURRENT STATION Reserve Center	
9. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			10. CHECK (X) TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P. 31 MAY 1966			12. REPORTING PERIOD (From - To) 1 January 1966 - 10 February 1966		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).					
SPECIFIC DUTY NO. 1  SEE SECTION C.					RATING LETTER
SPECIFIC DUTY NO. 2					RATING LETTER
SPECIFIC DUTY NO. 3					RATING LETTER
SPECIFIC DUTY NO. 4					RATING LETTER
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER

**SECRET**

(Form Filled In)

**SECTION C****NARRATIVE COMMENTS OFFICE OF PERSONNEL**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. *Manner of performance of man-employee, if applicable, and conscientiousness in the use of personal space, equipment and tools must be commented on if applicable.* If extra space is needed to complete Section C, attach a separate sheet of paper.

**HQHQW**

Subject's last fitness report covered the period April - November 1965, while assigned to [redacted] he departed the Station 1 December 1965, arrived Headquarters 13 December and was on home leave until his reassignment to DDP/AII Division on 15 February 1966. Therefore, no evaluation can be submitted on Subject's performance during that period. After 15 February 1966 his evaluations should be handled by DDP/AII.

[redacted]  
DC/personnel  
European Division  
30 September 1966

**SECTION D****CERTIFICATION AND COMMENTS****BY EMPLOYEE****I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT**

DATE	SIGNATURE OF EMPLOYEE
------	-----------------------

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION
---	---

DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
------	------------------------------	-------------------------------------

3. BY REVIEWING OFFICIAL
--------------------------

COMMENTS OF REVIEWING OFFICIAL

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
------	--------------------------------------	-------------------------------------

**SECRET**

SECRET

(CONT'D. ON BACK)

CERTIFICATION OF LANGUAGE PROFICIENCY														
1. EMPLOYEE NO. 2. NAME (LAST-FIRST-MIDDLE)					3. TYPE CHANGE		4. LANGUAGE DATA PRIOR TO TEST							
					ADD	CODE	LAN. CODE	R	W	P	S	U	I/T	YEAR
					CHANGE									
					DELETE									
5. LANGUAGE DATA AFTER TEST					6. DATE TESTED		7. DATE OF BIRTH		8. GRADE		9. OFFICE OR DIVISION			
LAN. CODE	R	W	P	S	U	I/T	YEAR							
10. ON THE DATE SHOWN IN ITEM 6 ABOVE, YOU WERE TESTED IN <u>SPANISH (NEW WORLD)</u> BL18 (NAME OF LANGUAGE)														
READING	WRITING	PRONUNCIATION	SPEAKING	UNDERSTANDING	TEST RATINGS	2 = ZERO 1 = INTERMEDIATE 3 = SLIGHT 2 = HIGH 4 = ELEMENTARY 3 = NATIVE								
I	+	H	H	H										
11. REMARKS  <b>CODER</b>  K  QUALIFICATIONS DATE: 7-14-68										12. SIGNATURE  <b>KIA</b>				
										13. LO NUMBER  13653				

FORM 1273 ODOBOLETE PREVIOUS  
11-64 EDITION

## QUALIFICATIONS

## **QUALIFICATIONS**

12. SITUATION

KW

13. LO NUMBER

165

SECRET  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 060389	
<b>GENERAL</b>					
1. NAME <input type="text"/>		2. DATE OF BIRTH <input type="text"/>		3. SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	
4. GRADE <input type="text"/> GS-15		5. SD <input type="checkbox"/> D			
6. OFFICIAL POSITION TITLE <b>Deputy Chief of Station</b>			7. OFFICER OR WE ASSIGNMENT <input type="text"/> DDP/WE		
8. CHECK IN TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY CAREER-PROVISIONAL (See Instructions - Section C)			9. CHECK IN TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify) SPECIAL (Specify) <input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
10. DATE REPORT DUE IN O.P. <input type="text"/>			11. REPORTING PERIOD (From To) <b>1 April 1965 - 15 November 1965</b>		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
<p>List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).</p>					
SPECIFIC DUTY NO. 1		RATING LETTER <b>S</b>			
In charge of <input type="text"/> operations of the <input type="text"/> Station		RATING LETTER <b>S</b>			
SPECIFIC DUTY NO. 2		RATING LETTER <b>S</b>			
Supports other WE stations in the conduct of their <input type="text"/> operations, <input type="text"/> of operational and intelligence interests.		RATING LETTER <b>S</b>			
SPECIFIC DUTY NO. 3		RATING LETTER <b>S</b>			
<input type="text"/>		RATING LETTER <b>S</b>			
SPECIFIC DUTY NO. 4		RATING LETTER <b>S</b>			
Drafts operational dispatches and cables.		RATING LETTER <b>S</b>			
SPECIFIC DUTY NO. 5		RATING LETTER <b>S</b>			
In charge of Station during absences of the Chief of Station		RATING LETTER <b>S</b>			
SPECIFIC DUTY NO. 6		RATING LETTER <b>S</b>			
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
<p>This last section describes anything about the employee which influences his effectiveness in his current position such as personal and family difficulties, conduct on job, cooperativeness, pertinent personal traits or habits, and particular strengths or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.</p> <p><b>Z 4 JAN 1966</b></p>					
RATING LETTER <b>S</b>					

SECRET

JAN 21 248 PH '66

## SECTION C

## NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Subject is departing [redacted] for an assignment PCS Headquarters following a tour of over [redacted] years at the [redacted] Station. During the past three and one-half years he has headed up the Station's [redacted] operations, has acted as a coordinator of [redacted] activities in Western Europe and has actively participated in operations in support of other WE stations.

Starting completely from scratch, the Station was able, under Subject's able direction, to develop extensive operations against the [redacted]

Subject is an officer of considerable energy and drive. He has a knack of [redacted] and [redacted] interesting contacts and much of the success of the Station's [redacted] program was due to his [redacted] connections in [redacted]. Subject was also able to [redacted] [redacted] in connection with certain aspects of the over-all program which could not be handled [redacted]

Subject has shown himself to be "cost conscious" in the utilization of funds and manpower. His [redacted] unit of the Station was

## SECTION D

## CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

1 Dec 65

SIGNATURE OF EMPLOYEE

/s/ [redacted]

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN  
UNDER MY SUPERVISION

50

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

1 Dec 65

OFFICIAL TITLE OF SUPERVISOR

Chief of Station

TYPED OR PRINTED NAME AND SIGNATURE

/s/ [redacted]

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Having observed subject's work only from Headquarters, my evaluation of his performance is based entirely on the results and production which he and the section which he supervised achieved. During the rating period, the station's [redacted] operations were conducted vigorously with fine results. This report appears to be fair and objective.

DATE

10 Jan. 1966

OFFICIAL TITLE OF REVIEWING OFFICIAL

C/WK/S

SECRET

**SECTION C****NARRATIVE COMMENTS (continued)**

composed (in addition to himself) of [redacted] officers and a secretary. Although he may be considered a "tough" supervisor in demanding the best of his subordinates, the record will show that he was able to build a very successful program.

During his tour at this Station, Subject made an important contribution toward the achievement of high priority targets. He is in every sense of the word an experienced, energetic and dedicated officer.

Since Subject's activities in support of other WE stations in the conduct of [redacted] operations were under the direction of Headquarters, the rating box for this specific duty has been left blank for completion by the appropriate Headquarters official.

SECRET  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER <i>✓ 60389 ✓</i>
<b>SECTION A</b>				
1. NAME		GENERAL		
2. DATE OF BIRTH [3. SFX		3. GRADE [4. RANK	5. OFF/DIV/BR OF ASSIGNMENT [6. CURRENT STATION	
		M GS-15 D	DDP/WE	
7. OFFICIAL POSITION TITLE <b>Ops Officer DCOS</b>				
8. CHECK (X) TYPE OF APPOINTMENT				
<input checked="" type="checkbox"/> CAREER		RESERVE	TEMPORARY	
CAREER-PROVISIONAL (See Instructions - Section C)				
SPECIAL (Specify):				
9. DATE REPORT DUE IN O.P. <b>31 May 1965</b>				
10. CHECK (X) TYPE OF REPORT				
<input checked="" type="checkbox"/> ANNUAL		INITIAL	REASSIGNMENT SUPERVISOR	
REASSIGNMENT EMPLOYEE				
SPECIAL (Specify):				
11. REPORTING PERIOD (From- to) <b>1 April 1964 - 31 March 1965</b>				
<b>SECTION B</b> PERFORMANCE EVALUATION				
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>				
<b>SPECIFIC DUTIES</b>				
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).				
SPECIFIC DUTY NO. 1 <b>Supervises Station's [ ] operations.</b>				RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 2 <b>Supports other WE stations in conduct of their [ ] operations, including [ ] of persons of operational and intelligence interest.</b>				RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 3 <b>Coordinator of [ ] operations for [ ]</b>				RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 4				RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 5 <b>Drafts operational dispatches and cables.</b>				RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 6 <b>Assumes charge of Station during absence of Chief of Station.</b>				RATING LETTER <b>S</b>
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>				
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.				
<i>19 MAY 1965</i>				RATING LETTER <b>S</b>

## SECRET

(When Filled In)

## SECTION C

## NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective the relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

MAY 19 3 13 PM '65

During the period under review Subject's activities in support of [redacted] and his responsibilities as Coordinator of [redacted] activities for [redacted] have kept him away from the [redacted] Station approximately one half of the twelve month period. Since these activities were under the direction of Headquarters, and not this Station, the rater does not feel qualified to comment on Subject's performance of Specific Duties 2 and 3 and has therefore left those rating boxes blank for completion by the appropriate Headquarters' official.

With respect to Specific Duty 1, supervision of Station's [redacted] operations, Subject has applied himself aggressively and imaginatively to this task and the rater feels that Station's [redacted] operations have been maintained at a high level and have been an important contribution to KUBARK's world-wide effort against this priority target. Obviously Subject's frequent and prolonged absences from the Station have not permitted him to give this task his undivided attention or the day-to-day continuity that is so necessary and important.

In the conduct of the Station's [redacted] operations Subject has direct supervision of [redacted] officers, [redacted] full time and [redacted] part time [redacted] officer, and a secretary. Subject is an efficient organizer and supervisor. He thinks and writes clearly. He is fluent in Spanish. In the conduct of the extensive [redacted] operations he has shown himself to be

## SECTION D

## CERTIFICATION AND COMMENTS

(Cont'd.)

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

SIGNATURE OF EMPLOYEE

1 April 1965

/s/ [redacted]

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN

UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

1 April 1965

Chief of Station

/s/ [redacted]

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I know Subject and am thoroughly familiar with his work and performance. I concur in this report with one exception, namely the rating given Subject for specific duty No. 6. Because of his travels which absented him from the Station for one-half of the past year, subject performance was inadequately qualified to take charge of the station in the absence of the COS. Specializing on [redacted] operations entirely, he has but a limited knowledge of the station's other activities and considering only the effectiveness of his performance of this duty, I could not rate him higher than P. This is not a comment on his capability but rather an evaluation of his effectiveness in performance of this particular duty.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

12 May 1965

Chief, NE/S

SECRET

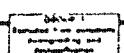
- 2 -

SECTION C - (Cont'd.)

"cost conscious" both with respect to the commitment of funds and the utilization of man power. In a word, Subject is an experienced, energetic and dedicated officer.

**SECRET**

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 60389	
<b>SECTION A</b>				<b>GENERAL</b>	
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX M	4. GRADE GS-15 D
5. OFFICIAL POSITION TITLE <b>Ops. Officer</b>		7. OFF/DIV/BR OF ASSIGNMENT DDP/WT		8. CURRENT STATION	
9. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify): _____				10. CHECK (X) TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify): _____	
11. DATE REPORT DUE IN O.P. <b>31 May 1964</b>				12. REPORTING PERIOD (From- To) <b>1 April 1963 - 31 March 1964</b>	
<b>SECTION B</b>				<b>PERFORMANCE EVALUATION</b>	
<p><b>W - Weak:</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate:</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient:</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong:</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding:</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
<p>List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).</p>					
<b>SPECIFIC DUTY NO. 1</b> In charge of Station's _____ operations. Responsible for planning, directing and supervising all activities relating to spotting, assessing and recruiting of agents; collection of intelligence through _____ operations conducted and _____					
<b>SPECIFIC DUTY NO. 2</b> IROM _____ Supports other WE Stations in conduct of their _____ operations, including assessment, recruitment, debriefing and briefing of persons of operational and intelligence interest, as well as _____ and _____					
<b>SPECIFIC DUTY NO. 3</b> FOR _____ Conducts personal _____ on matters of mutual interest.					
<b>SPECIFIC DUTY NO. 4</b> Drafts operational dispatches and cables.					
<b>SPECIFIC DUTY NO. 5</b> Assumes charge of Station during absence of the Chief of Station.					
<b>SPECIFIC DUTY NO. 6</b>					
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
<p>Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.</p>					
4 MAY 1964					



SECRET

(Form P-100-1)

24

## SECTION C

## NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

During the period under review Subject's duties and activities have continued to be concentrated on the [ ] target. Subject's performance of those duties has been eminently satisfactory and have received the recognition and commendation of Headquarters. Subject is an all-round operations officer with considerable experience and no significant weaknesses. His strengths are his aggressive approach to his operational responsibilities, his sound judgment and his complete dedication to duty. Due to Subject's energy and imagination the [ ] Station has been able to develop a highly effective and well-balanced program of [ ] operations. In addition Subject has spent a good part of his time in support of high level [ ] operations outside of [ ] assignments which he has carried out with a high degree of professionalism and success. In every sense Subject can be classified as a man of action.

In the conduct of the [ ] operations Subject has direct supervision of [ ] officer, and one secretary. In addition he maintains indirect supervision of a [ ] center, an [ ] shop and all activities relating to the [ ] and [ ] to the target country. Subject maintains contact with [ ] whose cooperation and support are needed for a good part of our overall operations and the excellent cooperation we have received from those [ ] attests to the skill of Subject. Subject, of course, is fluent in Spanish. His drafting of cables and dispatches is excellent. Subject has at all times exhibited cost consciousness in the planning and execution of his operational responsibilities. In a word Subject is an excellent officer and a credit to the organization in every respect.

## SECTION D CERTIFICATION AND COMMENTS

## 1. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE SIGNATURE OF EMPLOYEE

15 April 1964

/s/ [ ]

## 2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN  
UNDER MY SUPERVISION IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE OFFICIAL TITLE OF SUPERVISOR TYPED OR PRINTED NAME AND SIGNATURE

15 April 1964

Chief of Station

/s/ [ ]

## 3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL  
The reviewing official concurs in the high evaluation given this officer. He is a hard-driving, dedicated individual who is completely dedicated to his present task and assignment.

[REDACTED]

[REDACTED]

STURE

DATE OFFICIAL TITLE OF REVIEWING OFFICIAL

24 April 1964

Chief, WE/5

SECRET

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 60389	
<b>SECTION A</b>				<b>GENERAL</b>	
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX M	4. GRADE GS-15 D
5. OFFICIAL POSITION TITLE <b>Operations Officer</b>		6. OFFICIAL BN OF ASSIGNMENT 60389		7. CURRENT STATION	
8. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) SPECIAL (Specify):		9. CHECK (X) TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL SPECIAL (Specify):		10. REASSIGNMENT SUPERVISOR REASSIGNMENT EMPLOYER	
11. DATE REPORT DUE IN O.P. 31 May 1963		12. REPORTING PERIOD (From- To) 1 April 1962 - 21 March 1963			
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 In charge of Station's operations. Responsible for planning, directing and supervising all activities relating to spotting, assessing and recruiting of agents; collection of intelligence through area, operations conducted with				RATING LETTER	S
SPECIFIC DUTY NO. 2 and from Supports other ME Stations in conduct of their operations, including assessment, recruitment, debriefing and briefing of persons of operational and intelligence interest, as well as and to				RATING LETTER	S
SPECIFIC DUTY NO. 3 Conducts personal on matters of mutual interest				RATING LETTER	P
SPECIFIC DUTY NO. 4 Drafts operational dispatches and cables				RATING LETTER	S
SPECIFIC DUTY NO. 5 Assumes charge of Station during absence of the Chief of Station				RATING LETTER	P
SPECIFIC DUTY NO. 6				RATING LETTER	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					
16 MAY 1963					

## SECRET

(When Filled In)

## SECTION C

## NARRATIVE COMMENTS

REF ID:

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

During the period under review, Subject's duties and activities have been [REDACTED] in the main devoted to the conduct of [REDACTED] operations. His performance of those duties has been characterized by vigor and imagination. Concrete results have been achieved. The Station's performance in connection with all phases of this top priority activity, carried out under Subject's supervision, has been the subject of commendatory comments from Headquarters. In addition to direction, the Station's own [REDACTED] operations, Subject has been frequently called upon to support other WE Stations in connection with various phases of their [REDACTED] operations, particularly in making both [REDACTED] and [REDACTED] to [REDACTED] for [REDACTED]. These assignments have been undertaken by Subject with much enthusiasm and a high degree of professionalism. As a matter of fact, Subject was away from [REDACTED] on these and similar missions for 120 days during calendar year 1962.

In the conduct of the [REDACTED] operations, Subject has direct supervision over [REDACTED] officers and indirect supervision of the [REDACTED] center, the [REDACTED] shop and all activities relating to the [REDACTED] and [REDACTED] of [REDACTED]. Through [REDACTED] with [REDACTED] and [REDACTED] he has been most successful in obtaining [REDACTED] cooperation in support of our operations. In addition, Subject has expended much of his after-hours time to maintaining [REDACTED]

Subject is fluent in Spanish. He is an efficient organizer and supervisor and thinks and writes clearly. In summary, he is an experienced, energetic and highly dedicated officer. While he is well qualified to take over his own Station, it is my hope, and recommendation, that he be given a second full tour here in [REDACTED]. (continued in Part 3 below)

## SECTION D

## CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE SIGNATURE OF EMPLOYEE

10 April 1963 /S/

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE OFFICIAL TITLE OF SUPERVISOR TYPED OR PRINTED NAME AND SIGNATURE

10 April 1963 Chief of Station /S/ [REDACTED]

3. BY REVIEWING OFFICIAL

Comments of Reviewing Official  
Would be a great mistake to move him from [REDACTED] until and unless there is a drastic and favorable change in the [REDACTED] situation.

DATE OFFICIAL TITLE OF REVIEWING OFFICIAL  
30 June 1963 Acting  
SECRET

SECRET  
(When Filled In)

<b>FITNESS REPORT</b>				EMPLOYEE SERIAL NUMBER 060389		
<b>GENERAL</b>						
1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH		3. SEX	4. GRADE Male GS-14		
5. SERVICE DESIGNATION	6. OFFICIAL POSITION TITLE D OPS Officer		7. OFF/DIV/BR OF ASSIGNMENT			
8. CAREER STAFF STATUS NOT ELIGIBLE MEMBER DEFERRED PENDING DECLINED DENIED			9. TYPE OF REPORT INITIAL ANNUAL REASSIGNMENT/SUPERVISOR ANNUAL REASSIGNMENT/EMPLOYEE			
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD From 1 April - 31 Dec 61 To		SPECIAL (Specify)		
<b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>						
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding
SPECIFIC DUTY NO. 1 Deputy Chief of Station		RATING NO. 6	SPECIFIC DUTY NO. 4 Develops and maintains [ ] with [ ] of [ ] for [ ] operations		RATING NO. 6	
SPECIFIC DUTY NO. 2 Directs all [ ] operations with [ ] and supervises Station officers engaged in [ ] duties		RATING NO. 6	SPECIFIC DUTY NO. 5 Supervises the operations of an [ ]		RATING NO. 7	
SPECIFIC DUTY NO. 3 Personally conducts [ ] with a number of [ ]		RATING NO. 7	SPECIFIC DUTY NO. 6 Develops, recruits and handles agents for [ ] operations		RATING NO. 5	
<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>						
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.						
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. 5/6	
<b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>						
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee						
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree		
CHARACTERISTICS				NOT APPLICABLE	NOT OBSERVED	RATING
GETS THINGS DONE						X
RESOURCEFUL						X
ACCEPTS RESPONSIBILITIES						X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES						X
DOES HIS JOB WITHOUT STRONG SUPPORT						X
FACILITATES SMOOTH OPERATION OF HIS OFFICE						X
WRITES EFFECTIVELY						X
SECURITY CONSCIOUS						X
THINKS CLEARLY						X
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS						X
OTHER (Specify)						
SEE SECTION "E" ON REVERSE SIDE						

**SECRET**

(When Filled In)

**SECTION E****NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

Subject is a strong officer from every important point of view. He is experienced, intelligent, alert, aggressive, extremely hard working and conscientious. He is never satisfied with the status quo but is constantly striving to acquire new operational assets or to improve the functioning or production of old or current projects. He is tough-minded and abundantly endowed with intellectual as well as physical courage. If he has any one weakness, it is his impatience with subordinate officers and employees who do not tackle their operational duties with the same degree of zeal that he himself applies. His direct and forceful manner in calling such shortcomings to the attention of case officers under his direction has, on infrequent occasions, caused some minor and transitory resentment. In most cases, however, it has also resulted in improvement in the attitude and performance of the officer in question.

Subject is especially effective in his dealings with [redacted] and the fact that our [redacted] with the [redacted] are currently on a cordial and more productive basis is due mainly to the thought, energy and time which Subject has devoted to this important activity. At the same time, subject has not permitted [redacted] considerations to inhibit the planning and development of [redacted] operations and agents. In this connection he has been especially effective in developing valuable assets for [redacted] operations.

Subject has an outgoing personality; makes friends easily, especially among [redacted]. He is a mature person who is respected by his Station colleagues and by the senior [redacted] and other agency representatives with whom he maintains contact. He has direct supervision over [redacted] officers and clerks. He is a good administrator. He writes effectively.

(Continued on attached sheet)

**SECTION F****CERTIFICATION AND COMMENTS****1. BY EMPLOYEE**

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE SIGNATURE OF EMPLOYEE

12 January 1962 /s/ [redacted]

**2. BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

4 months

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE OFFICIAL TITLE OF SUPERVISION TYPED OR PRINTED NAME AND SIGNATURE

12 January 1962 Chief of Station /s/ [redacted]

**3. BY REVIEWING OFFICIAL**

XX I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

## COMMENTS OF REVIEWING OFFICIAL

I fully endorse the evaluation and comments of the supervisor. Subject is noteworthy for his calculated aggressiveness, initiative and determination. His stewardship of the [redacted] Station while he was Acting Chief was commendable. He reports well, is reasonable, and in my opinion has fully earned promotion to GS-15.

DATE OFFICIAL TITLE OF REVIEWING OFFICIAL TYPED OR PRINTED NAME AND SIGNATURE

31 January 1962 Chief, WK/

**SECRET**

SECRET

As a well rounded operations officer and administrator, Subject is qualified to run his own station and, in my opinion, it would be an injustice to him if he is not assigned as chief of a medium sized station when his service in [redacted] is completed. It is my hope, however, that Subject will be given a second tour at [redacted] when his current tour ends in October 1962.

**SECRET**  
(When Filled In)

A 1/60 7/22				EMPLOYEE SERIAL NUMBER C-70 60389																																																																							
FITNESS REPORT																																																																											
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ACCEPTS RESPONSIBILITIES				X																																																																							
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES				X																																																																							
DOES HIS JOB WITHOUT STRONG SUPPORT				X																																																																							
FACILITATES SMOOTH OPERATION OF HIS OFFICE				X																																																																							
WRITES EFFECTIVELY				X																																																																							
SECURITY CONSCIOUS				X																																																																							
THINKS CLEARLY				X																																																																							
DISCIPLINES IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS				X																																																																							
OTHER (Specify)																																																																											
ARMED SERVICES PERSONNEL SURVEY FORM																																																																											

SECRET

(When Filled In)

OFFICE OF PERSONNEL

## SECTION E

## NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement. Omit if work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify, or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

UH 1 249 PH 61

This officer, who is Deputy Chief of Station and also Chief of [redacted] directly supervises a sizeable number of personnel involved in joint operations with [redacted] and directs the operations in which they are engaged. In the comparatively short time he has been in this Station he has succeeded in making major advances in our [redacted] to the point where we can now accomplish considerably more than before his arrival. He is energetic, imaginative, gets things done, and works round the clock — his off duty hours he employs mainly in [redacted] and other operational relationships. Furthermore, unlike some officers in [redacted] he is also most active developing [redacted] operations. As for his qualities as a deputy, suffice it to say that he is the best deputy I have had in my entire career with this organization — a truly outstanding officer, as reflected in the numerical ratings I have given him, whom I would be glad to have with me any place I may be assigned.

## SECTION F

## CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE:

SIGNATURE OF EMPLOYEE

5 May 1961

/B/

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

7

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

5 May 1961

/B/ Archibald B. Roosevelt

3.

BY REVIEWING OFFICIAL

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

 I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

By virtue of the [redacted] relatively short time in his present job, I do not feel sufficiently familiar with his performance to comment.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

May

21, 1961

[Redacted]

SECRET

SECRET  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
<b>SECTION A</b>		<b>GENERAL</b>			
1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH		3. SEX	4. GRADE	
			M	GS-14	
5. SERVICE DESIGNATION	6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT		
D	Ops Officer - Dep. Br. Chief		DDP/WE/S		
8. CAREER STAFF STATUS			9. TYPE OF REPORT		
NOT ELIGIBLE	MEMBER	REFERRED	INITIAL	REASSIGNMENT/SUPERVISOR	
PENDING	DECLINED	DENIED	ANNUAL	REASSIGNMENT/EMPLOYEE	
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD		SPECIAL (Specify)	
		From 15 June - 2 October 68 To			
<b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior
7 - Outstanding					
SPECIFIC DUTY NO. 1 Read, study and prepare for assignment to [ ] as Chief of [ ] and DCOS [ ]		RATING NO.	SPECIFIC DUTY NO. 4		RATING NO.
5/6					
SPECIFIC DUTY NO. 2 Handle specific operational traffic involving WH activities in or related to [ ]		RATING NO.	SPECIFIC DUTY NO. 5		RATING NO.
5					
SPECIFIC DUTY NO. 3 Prepare an assessment and plan for [ ]		RATING NO.	SPECIFIC DUTY NO. 6		RATING NO.
5					
<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.					
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO.
					5
<b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>					
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee					
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree	
CHARACTERISTICS		NOT APPLICABLE	NOT OBSERVED	RATING	
GETS THINGS DONE				1	2
RESOURCEFUL				3	4
ACCEPTS RESPONSIBILITIES				5	
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES				X	
DOES HIS JOB WITHOUT STRONG SUPPORT				X	
FACILITATES SMOOTH OPERATION OF HIS OFFICE				X	
WRITES EFFECTIVELY				X	
SECURITY CONSCIOUS				X	
THINKS CLEARLY				X	
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS				X	
OTHER (Specify)					

SEE SECTION D ON REFERENCE SIDE

SECRET

*(When Filled In)***SECTION E. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

*Hall* *a* *RH*iffed a professional competence based on experience. He accepted direction willingly and evidenced maturity and balance.

**MAIL ROOM**

Given the limited time on the desk and the preparatory nature of his tasks, there is no firm basis for judging his ability to handle subordinates or to make major substantive decisions. Available evidence, however, indicates no major weaknesses, and indeed, gives promise of considerable capacity.

**SECTION F. CERTIFICATION AND COMMENTS**

1. BY EMPLOYEE		
I certify that I have seen Sections A, B, C, D and E of this Report.		
DATE	SIGNATURE OF EMPLOYEE	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
<i>4</i>	<i>Mrs. [ ] is in [ ]</i>	
IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.		
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS	REPORT MADE WITHIN LAST 90 DAYS	
OTHER (Specify):		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
<i>2 May 1961</i>	<i>Chief, WE/5</i>	<i>Thomas F. Tiele</i> <i>THOMAS F. Tiele</i>
3. BY REVIEWING OFFICIAL		
<input checked="" type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION. <input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION. <input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION. <input type="checkbox"/> I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.		
COMMENTS OF REVIEWING OFFICIAL		

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL
<i>3 May 61</i>	<i>AB Chief, WE</i>

SECRET

SECRET  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER					
GENERAL				560389					
SECTION A									
1. NAME		2. DATE OF BIRTH		3. SEX		4. GRADE			
				M		GS-14			
5. SERVICE DESIGNATION		6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT		DDP/CI/ICD			
D		IO CI							
8. CAREER STAFF STATUS		9.		TYPE OF REPORT					
NOT ELIGIBLE	X MEMBER	DEFERRED		INITIAL	REASSIGNMENT/SUPERVISION				
PENDING	DECLINED	DENIED		X ANNUAL	REASSIGNMENT/EMPLOYEE				
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD		SPECIAL (Specify)					
30 April 1960		To 8 March 59 - 31 March 60							
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES									
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).									
1. Unsatisfactory		2. Barely adequate		3. Acceptable		4. Competent			
SPECIFIC DUTY NO. 1 Supervision of CI/ICD Branch IV (WII). <input type="checkbox"/> research officers and <input type="checkbox"/> clerk-typist)		RATING NO. 5		SPECIFIC DUTY NO. 4 Review of WH Projects re CP operations; making of appropriate recommendations.		RATING NO. 5			
SPECIFIC DUTY NO. 2 Guidance & support of CP operations in WH, at Headquarters		RATING NO. 5		SPECIFIC DUTY NO. 5		RATING NO.			
SPECIFIC DUTY NO. 3 Direct, on-the-scene (TDY) support of CP operations in the field		RATING NO. 5		SPECIFIC DUTY NO. 6		RATING NO.			
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION									
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.									
1. Performance in many important respects fails to meet requirements. 2. Performance meets most requirements but is deficient in one or more important respects. 3. Performance clearly meets basic requirements. 4. Performance clearly exceeds basic requirements. 5. Performance in every important respect is superior. 6. Performance in every respect is outstanding.						RATING NO. 5			
SECTION D DESCRIPTION OF THE EMPLOYEE									
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee.									
1. Least possible degree		2. Limited degree		3. Normal degree		4. Above average degree		5. Outstanding degree	
CHARACTERISTICS				NOT APPL-CABLE	NOT OBS-SERVED	RATING			
GETS THINGS DONE						X			
RESOURCEFUL						X			
ACCEPTS RESPONSIBILITIES						X			
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES						X			
DOES HIS JOB WITHOUT STRONG SUPPORT						X			
FACILITATES SMOOTH OPERATION OF HIS OFFICE						X			
WRITES EFFECTIVELY						X			
SECURITY CONSCIOUS						X			
THINKS CLEARLY						X			
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS						X			
OTHER (Specify):									
SEE REVERSE SIDE									

**SECRET**

(When Filled In)

**SECTION E****NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

Mr. Williamson is very energetic and enthusiastic. He maintains excellent working relations with the WH Division. He has performed special operational tasks in the Field at the specific request of Chief, WHD. He is particularly well qualified for [redacted] work in a Spanish-speaking country (e.g. [redacted] or an important Latin American country).

OFFICE OF PERSONNEL

File # 307 PM 200

MAIL ROOM

**SECTION F****CERTIFICATION AND COMMENTS****1. BY EMPLOYEE**

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE	SIG	[redacted]
18 Feb 1960		[redacted]

**2. BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION
14	[redacted]

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON:

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED IN
10:30 AM	Deputy Chief, CI/ICD	[redacted]

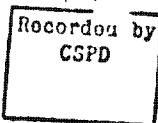
**3. BY REVIEWING OFFICIAL**

- I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.
- I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.
- I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.
- I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	SIGNATURE
	Chief, CI/ICD	[redacted]

**SECRET**

**SECRET.**27 Nov  
yj

24 November 1959

MEMORANDUM FOR: CS/Career Service Panel/Section A

SUBJECT: Fitness Report - [redacted]

A fitness report was due on Mr. [redacted] for the period 31 March 1959. Mr. [redacted] was assigned to the CI Staff on 8 March 1959 after completion of an overseas tour with WH Division. A fitness report for the CI Staff for such a short period of time would serve no useful purpose.

[redacted]

d/CI/Support

**SECRET.**

VIA: AIR  
(SPECIFY AIR OR SEA POUCH)DISPATCH NO HMH-T-143*WT-1***CONFIDENTIAL**

CLASSIFICATION

TO : Chief, WHD

DATE: 4 September 1958FROM : Chief of Station, Habana *SPR*

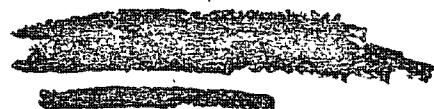
SUBJECT: GENERAL— Administrative/Personnel

SPECIFIC— Field Fitness Report - [REDACTED]

Reference: HMH-A-4049, 21 November 1957

Action Required: None; for Headquarters' information only

There has been no material change in the duties or performance of [REDACTED] since the submission of his last annual Field Fitness Report. Therefore, the above report, which was forwarded in the reference, may also be considered as the writer's final fitness report on [REDACTED]

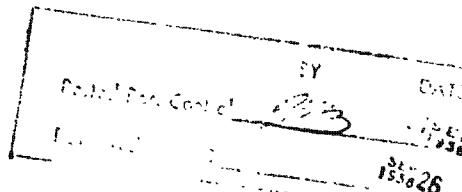


## Distribution:

 3 - Headquarters  
 2 - Files

SPR/mnr

3 September 1958

*SD-DT***CONFIDENTIAL**

CLASSIFICATION

Form 66  
GSA GEN. REG. NO. 2  
51-28A

SECRET

(When Filled In)

## FITNESS REPORT (Part I) PERFORMANCE

## INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any section. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item B, of Section A, below.

## SECTION A.

GENERAL			
1. NAME	(Middle)	2. DATE OF BIRTH	3. SEX
			M      DI
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT DDP/Habana Station		6. OFFICIAL POSITION TITLE Deputy Chief of Station	
7. GRADE	B. GATE REPORT DUE IN OP	D. PERIOD COVERED BY THIS REPORT (Inclusive dates)	
GS-14	30 September 1957	30 September 1956 - 30 September 1957	
10. TYPE OF REPORT (Check one)	INITIAL	REASSIGNMENT-SUPERVISOR	SPECIAL (Specify)
	X ANNUAL	REASSIGNMENT-EMPLOYEE	

## SECTION B.

## CERTIFICATION

1. FOR THE RATER: THIS REPORT  HAS  HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY  
NOT.

## 4. CHECK (X) APPROPRIATE STATEMENTS:

<input checked="" type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINION OF THIS INDIVIDUAL.	IF INDIVIDUAL IS RATED "L" IN CT 94 D, A WARNING LETTER WAS SENT TO HIM & A COPY ATTACHED TO THIS REPORT
<input type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINION OF MYSELF AND PREVIOUS SUPERVISORS.	I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW TO EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify):
<input checked="" type="checkbox"/> I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.	

5. THIS DATE      C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR      D. SUPERVISOR'S OFFICIAL TITLE  
15 November 1957      *[Signature]*      Chief of Station

2. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

Ported Per Control	BY	DATE
	<i>[Signature]</i>	2 Nov 57
Reviewed by PLD <i>[Signature]</i>		

[ ] CONTINUED ON ATTACHED SHEET

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

A. THIS DATE      B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL      C. OFFICIAL TITLE OF REVIEWING OFFICIAL  
29 Nov 57      *[Signature]*      C/W/10

## SECTION C.

## JOB PERFORMANCE EVALUATION

## 1. RATING ON GENERAL PERFORMANCE OF DUTIES

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

- 1 - DOES NOT PERFORM DUTIES ADEQUATELY. HE IS INCOMPETENT.
- 2 - BASELY ADEQUATE IN PERFORMANCE, ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING. HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES.
- 3 - PERFORMS MOST OF HIS DUTIES ACCEPTABLY, OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.
- 4 - PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.
- 5 - A FINE PERFORMANCE. CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
- 6 - PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS FOULLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

COMMENTS

SECRET

DEC 3 4 02 PM '57

## OFFICE OF PERSONNEL

MAIL ROOM

## 2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

## DIRECTIONS:

- a. State in the spaces below up to six of the more important ~~SECURITY~~ duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.
- b. Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.
- c. For supervisor, ability to supervise will always be rated as a specific duty (do not ~~rate it separately~~ those who supervise a secretary only).
- d. Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.
- e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.
- f. Be specific. Examples of the kind of duties that might be rated are:
- |                             |                                |                                |
|-----------------------------|--------------------------------|--------------------------------|
| ORAL BRIEFING               | HAS AND USES FRESH KNOWLEDGE   | CONDUCTS INVESTIGATIONS        |
| GIVING LECTURES             | DEVELOPS NEW PROGRAMS          | PREPARES SUMMARIES             |
| CONDUCTING SEMINARS         | ANALYZES INDUSTRIAL REPORTS    | TRANSLATES GERMAN              |
| WRITING TECHNICAL REPORTS   | MANAGES FILES                  | DEBRIEFING SOURCES             |
| CONDUCTING EXTERNAL LIAISON | OPERATES RADIO                 | KEEPS BOOKS                    |
| TYPING                      | COORDINATES WITH OTHER OFFICES | DRIVES TRUCK                   |
| TAKING DICTATION            | WRITES REGULATIONS             | MAINTAINS AIR-CONDITIONING     |
| SUPERVISING                 | PREPARES CORRESPONDENCE        | EVALUATES SIGNIFICANCE OF DATA |
- g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

SPECIFIC DUTY NO. 1 Deputy Chief of Station	RATING NUMBER 5	1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY	
		2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY	
		3 - PERFORMS THIS DUTY ACCEPTABLY	
RATING NUMBER	4 - PERFORMS THIS DUTY IN A COMPETENT MANNER	5 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER	6 - FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS
	5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB	6 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY	
SPECIFIC DUTY NO. 2 Contact and development of operational assets	RATING NUMBER 6	SPECIFIC DUTY NO. 3 Reporting	RATING NUMBER 4

## 3. DESCRIPTIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

DIRECTIONS: Stress strengths and weaknesses, particularly those which affect development on present job.

Subject is an excellent Deputy Chief of Station. He is liked and respected by his co-workers in the Station and by superiors and colleagues in the [redacted] establishment. His perseverance in developing and maintaining operational contacts in all fields has paid dividends. He has contributed sound advice and operational know-how to all Station officers' operations and has maintained our [redacted] on a productive basis. He is extremely thoughtful. He prefers (and excels at) operational work as contrasted to routine paper work.

## SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION

DIRECTIONS: Take into account here everything you know about the individual...productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents...and how he fits in with your team. Compare him with others doing similar work of about the same level.

- 1 - ABSOLUTELY UNSUITABLE - HE SHOULD BE SEPARATED  
 6  
 2 - OF DOUBTFUL SUITABILITY - HE SHOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW  
 3 - A BARELY ACCEPTABLE EMPLOYEE - BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TOarrant HIS SEPARATION  
 4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION  
 5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS  
 RATING NUMBER  
 6 - CAN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION  
 7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION?  YES  NO  UNKNOWN  
 EXPLAIN REASON

SECRET

SECRET

(When Filled In)

## FITNESS REPORT (Part II) POTENTIAL

## INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any questions. This report is to be completed only after the employee has been under your supervision FOR AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90-days has elapsed. If this is the INITIAL RATING on the employee, however, it MUST be completed and forwarded to the DA no later than 30 days after the due date indicated in item 8 of Section "E" below.

## SECTION E.

## GENERAL

1. NAME	2. GRADE	3. DATE OF BIRTH	4. SEX	5. SERVICE DESIGNATION
[Redacted]	(First) (Middle)		M	DI
6. OFFICE/DIVISION/BRANCH OF ASSIGNMENT		7. OFFICIAL POSITION/TITLE		
DDP/MI/Habana Station		Deputy Chief of Station		
8. GRADE	9. DATE REPORT DUE IN SP	10. PERIOD COVERED BY THIS REPORT (Exclusive Dates)		
GS-14	30 September 1957	30 September 1956 - 30 September 1957		
11. TYPE OF REPORT (Check one)	12. INITIAL	13. ASSIGNMENT-SUPERVISOR	14. SPECIAL (Specify)	15. ASSIGNMENT-EMPLOYEE
<input checked="" type="checkbox"/>	ANNUAL			

## SECTION F.

## CERTIFICATION

I, FOR THE DATE I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED  
A. THIS DATE B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR C. SUPERVISOR'S OFFICIAL TITLE

15 November 1957

Chief of Station

2. FOR THE REVIEWING OFFICIAL I HAVE REVISITED THIS REPORT AND NOTED ANY CHANGES IN OPINION IN ATTACHED MEMO.  
A. THIS DATE B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL C. REVIEWING OFFICIAL'S OFFICIAL TITLE

29 Nov 57

C/WHD

*GCKing*

## SECTION G.

## ESTIMATE OF POTENTIAL

## 1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES

SUPERVISION: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work.

1. ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED  
 2. HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED  
 3. MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES  
 4. READY FOR TRAINING TO ASSUME GREATER RESPONSIBILITIES  
 5. WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHIN FURTHER TRAINING  
 6. ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL  
 7. AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES

## 2. SUPERVISORY POTENTIAL

SUPERVISION: Answer this question: Has this person the ability to be a supervisor?  Yes  No If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SITTING & TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "Actual" column. If based on opinion of his potential, note the rating in the "potential" column.

ACTUAL	POTENTIAL	DESCRIPTIVE SITUATION
		0 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION
		1 - BELIEVE INDIVIDUAL WOULD BE A WEAK SUPERVISOR IN THIS KIND OF SITUATION
		2 - BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION
		3 - BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION

ACTUAL	POTENTIAL	DESCRIPTIVE SITUATION
3		A GROUP USING THE BASIC JOB (truck drivers, stevedores, technicians or professional specialists of various kinds) WHERE CONTACT WITH IMMEDIATE SUBORDINATES IS FREQUENT (First line supervisor)
3		A GROUP OF SUPERVISORS WHO DIRECT THE BASIC JOB (Second line supervisors)
3		A GROUP WHO MAY OR MAY NOT BE SUPERVISORS, WHICH IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION AND POLICY (Executive Level)
2		WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT
2		WHEN IMMEDIATE SUBORDINATES' ACTIVITIES ARE DISCRETE AND REQUIRES CAREFUL COORDINATION
3		WHEN IMMEDIATE SUBORDINATES INCLUDE MEMBERS OF THE SPECIALIST SEC
		other (Specify)

SECRET

OFFICE OF PERSONNEL

1. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION  
11 months

4. COMMENT CONCERNING POTENTIAL

DEC 3 4 02 PM '57

Subject is qualified to have his own station

MAIL ROOM

## SECTION N.

## FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

Training upon re-assignment

## 2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

Subject is very adaptable - is single - and will accept assignment anywhere.  
 His [redacted] duties, briefly suspended through no fault of his own, have been fully re-established.

## SECTION I.

## DESCRIPTION OF INDIVIDUAL

DIRECTIONS: This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

X - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL

- |                 |  |
|-----------------|--|
| CATEGORY NUMBER | 1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE |
|                 | 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE              |
|                 | 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE             |
|                 | 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE       |
|                 | 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE         |

CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
4	1. ABLE TO SEE ANOTHER'S POINT OF VIEW	4	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	4	21. IS EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES
5	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARRISES	5	12. SHOWS ORIGINALITY	4	22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
5	3. HAS INITIATIVE	5	13. ACCEPTS RESPONSIBILITIES	5	23. IS THOUGHTFUL OF OTHERS
4	4. IS ANALYTIC IN HIS THINKING	4	14. ADMITS HIS ERRORS	5	24. WORKS WELL UNDER PRESSURE
4	5. STORIES CONSTANTLY FOR HER KNOWLEDGE AND IDEAS	5	15. RESPONDS WELL TO SUPERVISION	5	25. DISPLAYS JUDGEMENT
5	6. SHOWS SHYNESS OR TIMIDITY	5	16. DOES HIS JOB WITHOUT STRONG SUPPORT	4	26. IS SECURITY CONCERNED
5	7. CAN GET ALONG WITH PEOPLE	4	17. COMES UP WITH SOLUTIONS TO PROBLEMS	5	27. IS VERSATILE
4	8. HAS MEMORY FOR FACTS	4	18. IS OBSEQUIENT	4	28. HIS COLLECTIOM IS CONSTRUCTIVE
4	9. GETS THINGS DONE	4	19. THINKS CLEARLY	5	29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
4	10. CAN COPE WITH EMERGENCIES	4	20. COMPLETES ASSIGNMENTS WITHIN REASONABLE TIME LIMITS	5	30. IS CAPABLE OF EXERCISING STRONG AND CONTINUOUS SUPERVISORY FUNCTIONS

SECRET

SECRET

(When Filled In)

## FITNESS REPORT (Part I) PERFORMANCE

## INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-170. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel on or later than 30 days after the date indicated in item B, of Section "A" below.

## SECTION A.

## GENERAL

1. NAME (Last) <input type="text"/> (First) <input type="text"/> (Middle) <input type="text"/>	2. DATE OF BIRTH <input type="text"/>	3. SEX <input type="text"/> M <input type="text"/> F	4. SERVICE DESIGNATION <input type="text"/> DI
5. OFFICE/DIVISION/BRANCH OR ASSIGNMENT DD/P/M/H/Havana		6. OFFICIAL POSITION TITLE DCOS	
7. GRADE <input type="text"/> GS-13	8. DATE REPORT DUE IN OR 30 September 1956	9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 30 September 1955 - 30 September 1956	
10. TYPE OF REPORT (Check one) <input checked="" type="checkbox"/> ANNUAL	11. RATED BY SUPERVISOR <input type="checkbox"/> DEPARTMENT/SECTION <input type="checkbox"/> DIRECT SUPERVISOR <input type="checkbox"/> EMPLOYEE	12. SPECIAL (Specify)	

## SECTION B.

## CERTIFICATION

1. FOR THE RATER: THIS REPORT  HAS  HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. (If not shown, explain why not.)

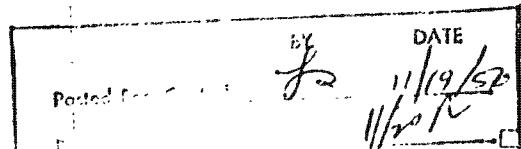
*is filled*

## A. CHECK (X) APPROPRIATE STATEMENTS

<input checked="" type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINION OF THIS INDIVIDUAL.	<input type="checkbox"/> IF INDIVIDUAL IS RATED "C" IN C1 OR D, A RANKING LETTER WAS SENT TO HIM & A COPY ATTACHED TO THIS REPORT.
<input type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINION OF MYSELF AND PREVIOUS SUPERVISORS.	<input type="checkbox"/> I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW TO EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify)
<input checked="" type="checkbox"/> I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.	

2. THIS DATE  16 October 1956 C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR  D. SUPERVISOR'S OFFICIAL TITLE  Chief of Station

3. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.



CONTINUED ON ATTACHED SHEET

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

A. THIS DATE  13 Nov 1956 B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL  J. C. KILLIG C. OFFICIAL TITLE OF REVIEWING OFFICIAL  Chief, WHD

## SECTION C.

## JOB PERFORMANCE EVALUATION

## 1. RATING ON GENERAL PERFORMANCE OF DUTIES

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

- |  |   |
|--|---|
| <input type="checkbox"/> 5<br>INSERT<br>RATING<br>NUMBER | 1 - DOES NOT PERFORM DUTIES ADQUATELY. HE IS INCOMPETENT.<br>2 - BARELY MEET IN PERFORMANCE. ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES.<br>3 - PERFORMS MOST OF HIS DUTIES ACCEPTABLY. OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.<br>4 - PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.<br>5 - A FINE PERFORMANCE. CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.<br>6 - PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS PROPER TO THE SUPERVISOR. |
|--|---|

## COMMENTS

SECRET

### WATER

*OFFICE*

### 2. RATINGS ON PERFORMANCE OF STAKEHOLDERS

#### **REFERENCES**

- DIRECTIONS**

a. State in the spaces below up to six of the more important SPECIFIC duties performed by this rating person.  
Place the most important first. Do not include minor or unimportant duties.

b. Rate performance on each specific duty considering ONLY effectiveness in performance of this one duty.

c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as ~~the supervisor's secretary etc.~~).

d. Compare in your mind, when possible, the individual being rated with others performing the same job at a similar level of responsibility.

e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.

f. Be specific. Examples of the kind of duties that might be rated are:

EXAMPLES OF THE KIND OF DUTIES THAT MIGHT BE PERFORMED ARE:	HAS AND USES AREA KNOWLEDGE	CONDUCTS INTERROGATIONS
OVERBRIEFING	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES
GIVING LECTURES	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN
CONDUCTING SEMINARS	MANAGES FILES	DEBRIEFING SOURCES
WRITING TECHNICAL REPORTS	OPERATES RADIO	KEEPS INDEX
CONDUCTING EXTERNAL LIAISON	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK
TYPING	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING
TAKING DICTATION	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE
SUPERVISING		

g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

DESCRIPTIVE RATING NUMBER	1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY	6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS
	2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY	7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY
3 - PERFORMS THIS DUTY ACCEPTABLY		
4 - PERFORMS THIS DUTY IN A COMPETENT MANNER		
5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB		
SPECIFIC DUTY NO. 1	RATING NUMBER	SPECIFIC DUTY NO. 4
Deputy Chief of Station	5	Handling agents and operations
SPECIFIC DUTY NO. 2	RATING NUMBER	SPECIFIC DUTY NO. 5
Liaison with Bureau of Investigation	5	Reporting
SPECIFIC DUTY NO. 3	RATING NUMBER	SPECIFIC DUTY NO. 6
Contact and development of operational assets	6	

**3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

**DIRECTIONS:** Stress strengths and weaknesses, particularly those which affect development on present job.

Subject is outstanding in the development and maintenance of [redacted] He has a wide acquaintance [redacted] and [redacted]. He has demonstrated administrative and executive ability. He prefers outside contact work to routine desk work.

**SECTION D.**

**SUITABILITY FOR CURRENT JOB IN ORGANISATION**

**DIRECTIONS.** Take into account here everything you know about the individual...productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents...and how he fits in with your team. Compare him with others doing similar work of about the same level.

- 6**  
RATING  
NUMBER

6 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED  
2 - OF DOUBTFUL SUITABILITY - I WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN THAT I AND HE  
4 - A HARMLY ACCEPTABLE EMPLOYEE - BELOW AVERAGE BUT WITH NO BEARNESSSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION  
6 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION  
5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS  
2 - AS UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION  
7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION?  YES  NO  
EXPLAIN FULLY:

SECRET

SECRET

(When Filled In)

## FITNESS REPORT (Part II) POTENTIAL

## INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER. Consult current instructions for completing this report.

FOR THE SUPERVISOR. This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision FOR AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the CO no later than 30 days after the due date indicated in item 8 of Section "C" below.

## SECTION E.

## GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. SERVICE DESIGNATION
[Redacted]	[Redacted]	M	OI

## 5. OFFICE/DIVISION/BRANCH OR ASSIGNMENT

DDP/AII/Havana

## 6. OFFICIAL POSITION TITLE

DOOS

7. GRADE	8. DATE REPORT DUE IN DD
G3-13	30 September 1956

9. PERIOD COVERED BY THIS REPORT (Inclusive dates)		
30 September 1955 - 30 September 1956		

10. TYPE OF REPORT  
(Check one)

INITIAL

REASSESSMENT/SUPERVISOR

SPECIAL (Specify)

New Job

REASSIGNMENT/EMPLOYEE

## SECTION F.

## CERTIFICATION

1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED

A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR	C. SUPERVISOR'S OFFICIAL TITLE
16 October 1956	[Redacted]	Chief of Station

2. FOR THE REVIVING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO.

A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIVING OFFICIAL	C. OFFICIAL TITLE OF REVIVING OFFICIAL
13 Nov 1956	J. C. KING	Chief/AD

## SECTION G.

## ESTIMATE OF POTENTIAL

## 1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES

**DIRECTIONS:** Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work.

- 1. ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
- 2. HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
- 3. MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES
- 4. READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES
- 5. WILL PROBABLY ADJUST OR ADAPT TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING
- 6. ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL
- 7. AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES

## 2. SUPERVISORY POTENTIAL

**DIRECTIONS:** Answer this question: Has this person the ability to be a supervisor?  Yes  No. If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "Actual" column. If based on opinion of his potential, note the rating in the "Potential" column.

DESCRIPTIVE	0 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION
RATING	1 - BELIEVE INDIVIDUAL WOULD BE A GOOD SUPERVISOR IN THIS KIND OF SITUATION
NUMBER	2 - BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION

ACTUAL	POTENTIAL	DESCRIPTIVE SITUATION
3		1. ABLE TO USE THE BASIC AND REFINED STANDARIZED TECHNIQUES OF PROFESSIONAL SPECIALISTS OF SEVERAL TRADES. HAS CONTACT WITH IMMEDIATE SUBORDINATES IS FREQUENT (First Line Supervisor)
3		2. ABOVE OR EQUIVALENT FOR MOST THE BASIC JOBS (Second Line Supervisor)
3		3. ABOVE OR EQUIVALENT FOR MOST OF SUPERVISORY DUTIES. OVER IS RESPONSIBLE FOR OTHER PLANS, EDUCATION, OR POLICY DECISIONS
2		4. ABOVE OR EQUIVALENT SUPERVISOR IS NOT PRESENT
2		5. THIS INDIVIDUAL IS AN APPROPRIATE SUPERVISOR FOR PLANNING AND CONTROLLING SUBORDINATES
3		6. OVERSEES THE WORK OF SUBORDINATES IN THIS POSITION AS SET OUT IN THE APPENDIX 300

**SECRET**

(When Filled In)

1. ESTIMATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION 25				<i>OF PERSONNEL</i>	
4. COMMENTS CONCERNING POTENTIAL Subject is capable of having a station of his own.				<i>Nov 19 10 59 AM '58</i>	
				<i>MAIL ROOM</i>	
<b>SECTION H. FUTURE PLANS</b> 1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL None at present.					
2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS Subject is single and willing to go anywhere.					
<b>SECTION I. DESCRIPTION OF INDIVIDUAL</b> DIRECTIONS: This section is provided as an aid in describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "Category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.					
X - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL 1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE					
<b>CATEGORY NUMBER</b>	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
	1. ABLE TO SEE ANOTHER'S POINT OF VIEW	4	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	4	21. IS EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES
	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES	4	12. SHOWS ORIGINALITY	4	22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
	3. HAS INITIATIVE	5	13. ACCEPTS RESPONSIBILITY EASILY	5	23. IS THOUGHTFUL OF OTHERS
	4. IS ANALYTIC IN HIS THINKING	4	14. ADMITS HIS ERRORS	5	24. WORKS WELL UNDER PRESSURE
	5. ASKES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS	5	15. RESPONDS WELL TO SUPERVISION	5	25. DISPLAYS JUDGEMENT
	6. GOES OVER TO SEEK ASSISTANCE	5	16. DOES HIS JOB WITHOUT STRONG SUPPORT	4	26. IS SECURE IN CONDITIONS
	7. CAN GET ALONG WITH PEOPLE	4	17. COMES UP WITH SOLUTIONS TO PROBLEMS	5	27. IS VERSATILE
	8. HAS MEMORY FOR FACTS	4	18. IS DISCREET	4	28. USES INFORMATION IN AN EFFECTIVE MANNER
	9. SEES THINGS DEEP	4	19. THINKS CLEARLY	5	29. FACILITATES EFFICIENT OPERATION OF HIS UNIT
10. CAN TAKE DIF. INDEPENDENT	4	20. COMPLETES ASSIGNMENTS ON TIME ALTHOUGH TIME LIMITED	5	30. IS NOT DRIVEN BY DESIRE FOR APPROVAL OR PRAISE	

**SECRET**

SECRET

(When Filled In)

A6

## FIELD FITNESS REPORT

The Fitness Report is an important factor in organization personnel management. It seeks to provide:  
 1. The examination selection board with information of value when considering the application of an individual for membership in the career staff, and  
 2. A record of job performance and effective utilization.

1955 OCT 20 PM 2084

CODED

## INSTRUCTIONS

**TO THE FIELD ADMINISTRATIVE OR PERSONNEL OFFICER:** Consult current field administrative instructions regarding the initiation and transmission of this report to headquarters.

**TO THE FIELD SUPERVISOR:** Read the entire form before attempting to complete any item. As the supervisor who assigns, directs and oversees the work of the individual, you have primary responsibility for evaluating his strengths, weaknesses, and on-the-job effectiveness as revealed by his day-to-day activities. If this individual has been under your supervision for less than 30 days, you will collaborate, if practicable, with his previous supervisor to make sure the report is accurate and complete. Primary responsibility rests with the current supervisor. It is assumed that, throughout the period this individual has been under your supervision, you have discharged your supervisory responsibilities by frequent discussions of his work, so that in a general way he knows where he stands.

A copy report due 25 Mar 56

G25 10 Oct 55  
10/21/55

IT IS OPTIONAL WHETHER OR NOT THIS FITNESS REPORT IS SHOWN TO THE PERSON BEING RATED

## SECTION I

LEAVE BLANK - FOR HEADQUARTERS USE ONLY

1. DATE OF BIRTH	2. SEX	3. SERVICE DESIGNATION
	M	D1

4. GRADE      5. STATION DESIGNATION (Current)  
GS-13      Intelligence Officer - KUTUBE

6. DUE DATE OF THIS REPORT      7. PERIOD COVERED BY THIS REPORT (Inclusive dates)  
30 September 1955      30 September 1954 - 30 September 1955

## SECTION II (To be completed by field supervisor)

1. CURRENT POSITION      2. DATE ASSUMED RESPONSIBILITY FOR POSITION  
Intelligence Officer - KUTUBE      10 August 1955  
(Acting Deputy Chief of Station) 0136.51

3. STATE THE SPECIFIC ASSIGNMENTS OR TASKS WHICH ARE TYPICAL OF THOSE GIVEN TO THE EMPLOYEE DURING THE PAST THREE TO SIX MONTHS (List in order of frequency)

- Acting Deputy Chief of Station
- Liaison with Bureau of Investigations
- Contacts and development of operational assets
- Handling agents
- Reporting

## SECTION III (To be completed at Headquarters only)

DO NOT COMPLETE - FOR HEADQUARTERS USE ONLY

## AUTHENTICATION OF REPORT AND SIGNATURES

1. NAME OF RATER / RATED	2. NAME OF REVIEWING OFFICIAL IN FIELD (If any)
[Signature]	[Signature]
3. THIS REPORT WAS NOT SHOWN TO THE INDIVIDUAL BEING RATED	
4. DATE REPORT PREPARED: [Signature] NAME AND SIGNATURE OF ADMINISTRATIVE OR PERSONNEL OFFICER AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE FITNESS REPORT AND SIGNATURES	
Oct 13, 1955      G. Chene	

DO NOT COMPLETE - FOR HEADQUARTERS USE ONLY

**SECRET**  
(When Filled In)

**SECTION IV**

This section is provided as an aid in describing the individual. Your descriptive words may be favorable or unfavorable in itself but acquires its meaning in relation to a particular job or assignment. The descriptive words are to be interpreted literally.

On the left hand side of the page below are a series of statements that apply to some degree to most people. On the right hand side of the page are four major categories of descriptions. ~~But if you can't find a category to divide into three small blocks; this is to allow you to make finer distinctions if you enlarged the category at the statement on the left - then check the category on the right which best tells how much the statement applies to the person you are rating. Placing an "X" in the "Not Observed" column means you have no opinion on whether a phrase applies to an individual. Placing an "X" in the "Does Not Apply" column means that you have the definite opinion that the description is not at all suited to the individual.~~ MAIL ROOM

STATEMENTS	CATEGORIES					
	NOT OBSERVED	DOES NOT APPLY	APPLIES TO A LIMITED DEGREE	APPLIES TO A REASONABLE DEGREE	APPLIES TO AN ABOVE AVERAGE DEGREE	APPLIES TO AN OUTSTANDING DEGREE
A. ABLE TO SEE ANOTHER'S POINT OF VIEW.		X				
B. PRACTICAL.					X	
1. A GOOD REPORTER OF EVENTS.				X		
2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES.				X		
3. CAUTIOUS IN ACTION.				X		
4. HAS INITIATIVE.					X	
5. UNEMOTIONAL.					X	
6. ANALYTIC IN HIS THINKING.				X		
7. CONSTANTLY STRIVING FOR NEW KNOWLEDGE AND IDEAS.				X		
8. GETS ALONG WITH PEOPLE AT ALL SOCIAL LEVELS.					X	
9. HAS SENSE OF HUMOR.					X	
10. KNOWS WHEN TO SEEK ASSISTANCE.					X	
11. CALM.					X	
12. CAN GET ALONG WITH PEOPLE.					X	
13. MEMORY FOR FACTS.				X		
14. GETS THINGS DONE.					X	
15. KEEPS ORIENTED TOWARD LONG TERM GOALS.				X		
16. CAN COPE WITH EMERGENCIES.					X	
17. HAS HIGH STANDARDS OF ACCOMPLISHMENT.					X	
18. HAS STAMINA. CAN KEEP GOING A LONG TIME.					X	
19. HAS WIDE RANGE OF INFORMATION					X	
20. SHOWS ORIGINALITY.				X		
21. ACCEPTS RESPONSIBILITIES.					X	
22. ADMITS HIS ERRORS.					X	
23. RESPONDS WELL TO SUPERVISION.					X	
24. EVEN DISPOSITION.					X	
25. ABLE TO COMMUNICATE WITH STAFF EXPERTS.					X	

**SECRET**

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**SECTION V**

**A. WHAT ARE HIS OUTSTANDING STRONG POINTS?**

4. WHAT ARE HIS OUTSTANDING STRENGTHS?  
Subject is an excellent [ ] officer and [ ] man. He speaks fluent Spanish and has developed many valuable and productive contacts and assets among all classes of [ ]. He is enthusiastic, thoughtful, considerate, friendly, and gets along well with his co-workers. While acting as Deputy Chief of Station he has demonstrated administrative and supervisory ability.

8. WHAT ARE HIS OUTSTANDING FEATURES?

Being particularly interested in operational matters, he perhaps is not as thorough in the paper work and reporting that goes with it; however, since acting as Deputy Chief of Station, as indicated above, he has demonstrated increased aptitude in this respect.

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(When Filled In)

C. INDICATE IF YOU THINK THAT ANY SINGLE STRENGTH OR WEAKNESS OUTRITES ALL OTHER CONSIDERATIONS No.		OFFICE OF PERSONNEL
D. DO YOU FEEL THAT HE REQUIRES CLOSE SUPERVISION? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <span style="float: right;">Oct 17 9 52 AM '55</span>		
E. WHAT TRAINING DO YOU RECOMMEND FOR THIS INDIVIDUAL?		MAIL ROOM
Additional experience in field and at Headquarters and refresher courses.		
F. OTHER COMMENTS (Indicate here general traits, specific habits or characteristics not covered elsewhere in the report but which have a bearing on effective utilization of this person). I would be pleased to have Subject serve with me at any post.		
<b>SECTION VI</b>		
<p><i>Read all descriptions before rating. Place "X" in the most appropriate box under subsections A,B,C,&amp;D</i></p> <p>A. DIRECTIONS: Consider only the skill with which the person has performed the duties of his job and rate him accordingly.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.</li> <li><input type="checkbox"/> 2. BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES COMPETENTLY.</li> <li><input type="checkbox"/> 3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.</li> <li><input checked="" type="checkbox"/> 4. PERFORMS DUTIES IN A TYPICALLY COMPETENT, EFFECTIVE MANNER.</li> <li><input type="checkbox"/> 5. A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.</li> <li><input type="checkbox"/> 6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE RATER.</li> </ul> <p>IS THIS INDIVIDUAL BETTER QUALIFIED FOR WORK IN SOME OTHER AREA? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES. IF YES, WHAT?</p>		
<p>C. DIRECTIONS: Based upon what he has said, his actions, and any other indications, give your opinion of this person's attitude toward the organization.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. HAS AN ANTAGONISTIC ATTITUDE TOWARD THE ORGANIZATION; WILL DEFINITELY LEAVE THE ORGANIZATION AT THE FIRST OPPORTUNITY.</li> <li><input type="checkbox"/> 2. HAS STRONG NEGATIVE ATTITUDE TOWARD ORGANIZATION...TRAIRED BY RESTRICTIONS...REGARDS ORGANIZATION AS A TEMPORARY STOP UNTIL HE CAN GET SOMETHING BETTER.</li> <li><input type="checkbox"/> 3. TENDS TO HAVE AN UNFAVORABLE ATTITUDE TOWARD THE ORGANIZATION...NOTCHED BY MINOR FRUSTRATIONS...WILL QUIT IF THESE CONTINUE.</li> <li><input type="checkbox"/> 4. HIS ATTITUDE TOWARD THE ORGANIZATION IS INDIFFERENT...HAS "WAIT AND SEE" ATTITUDE; WOULD LEAVE IF SOMEONE OFFERED HIM SOMETHING BETTER.</li> <li><input checked="" type="checkbox"/> 5. TENDS TO HAVE FAVORABLE ATTITUDE TOWARD ORGANIZATION; MAKES ALLOWANCES FOR RESTRICTIONS IMPOSED BY WORKING FOR ORGANIZATION; THINKS IN TERMS OF A CAREER IN THE ORGANIZATION.</li> <li><input type="checkbox"/> 6. DEFINITELY HAS FAVORABLE ATTITUDE TOWARD THE ORGANIZATION...BARRING AN UNEXPECTED OUTSIDE OPPORTUNITY, WILL PROBABLY ENDEAVOR TO MAKE A CAREER IN THE ORGANIZATION.</li> <li><input type="checkbox"/> 7. HAS AN ENTHUSIASTIC ATTITUDE TOWARD THE ORGANIZATION; WILL PROBABLY NEVER CONSIDER WORKING ANY PLACE BUT IN THE ORGANIZATION.</li> </ul>		
<p>B. DIRECTIONS: Considering others of this person's grade and type of assignment, how would you rate him on potentiality for assumption of greater responsibilities than normally indicated by promotion.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. HAS REACHED THE HIGHEST GRADE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED.</li> <li><input checked="" type="checkbox"/> 2. IS MAKING PROGRESS, BUT NEEDS MORE TIME IN PRESENT GRADE BEFORE PROMOTION TO A HIGHER GRADE CAN BE RECOMMENDED.</li> <li><input type="checkbox"/> 3. IS READY TO TAKE ON RESPONSIBILITIES OF THE NEXT HIGHER GRADE, BUT MAY NEED TRAINING IN SOME AREAS.</li> <li><input type="checkbox"/> 4. WILL PROBABLY ADJUST QUICKLY TO THE MORE RESPONSIBLE DUTIES OF THE NEXT HIGHER GRADE.</li> <li><input type="checkbox"/> 5. IS ALREADY PERFORMING AT THE LEVEL OF THE NEXT HIGHER GRADE.</li> <li><input type="checkbox"/> 6. AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR RAPID ADVANCEMENT.</li> </ul> <p>D. DIRECTIONS: Consider everything you know about this person in making your rating...skill in job duties, conduct on the job, personal characteristics or habits, and special defects or talents.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED.</li> <li><input type="checkbox"/> 2. OF DOUBTFUL SUITABILITY; WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW.</li> <li><input type="checkbox"/> 3. A BARELY ACCEPTABLE EMPLOYEE; DEFINITELY BELOW AVERAGE BUT WITH NO DEFECTS; SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION.</li> <li><input type="checkbox"/> 4. A TYPICAL EMPLOYEE; HE DISPLAYS THE SAME SUITABILITY AS MOST OF THE PEOPLE I KNOW IN THE ORGANIZATION.</li> <li><input checked="" type="checkbox"/> 5. A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS.</li> <li><input type="checkbox"/> 6. AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION.</li> <li><input type="checkbox"/> 7. EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION.</li> </ul>		

**SECRET**

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(Copy in Filled In)

WTH/6

## FIELD FITNESS REPORT

- The Fitness Report is an important factor in organization personnel management. It seeks to provide:
1. The organization selection Board with information of value when considering the appointment of an individual for membership in the career staff; and
  2. A periodic record of job performance as an aid to the effective utilization of personnel.

## INSTRUCTIONS

**TO THE FIELD ADMINISTRATIVE OR PERSONNEL OFFICER:** Consult current field administrative instructions regarding the initiation and transmittal of this report to Headquarters.

**TO THE FIELD SUPERVISOR:** Read the entire form before attempting to complete any item. As the supervisor who assigns, directs and reviews the work of the individual, you have primary responsibility for evaluating his strengths, weaknesses, and on-the-job effectiveness as

represented by his day-to-day activities. Since this individual has been under your supervision for less than 30 days, you will collaborate with his previous supervisor to acquire knowledge accurate and complete. After evaluation with the **Postponed Rating**, it is recommended throughout the period this individual has been under your supervision, you have discussions with him concerning his Review Period Rating so that in a general way he knows where he stands.

F1  
H

IT IS OPTIONAL WHETHER OR NOT THIS FITNESS REPORT IS SHOWN TO THE PERSON BEING RATED

## SECTION I

LEAVE BLANK - FOR HEADQUARTERS USE ONLY

1. DATE OF BIRTH 2. SEX 3. SERVICE DESIGNATION

M KUFIRE SD-F1

4. GRADE 5. STATION DESIGNATION (Current)  
GS-13 Intelligence Officer - KUFIRE6. DUE DATE OF THIS REPORT 7. PERIOD COVERED BY THIS REPORT (Inclusive dates)  
30 September 1954 17 June - 30 September 1954

SECTION II (To be completed by field supervisor)

1. CURRENT POSITION 2. DUTY STATION AND RESPONSIBILITY FOR POSITION  
Intelligence Officer - KUFIRE 14 Feb 54 BAF-116

3. STATE THE SPECIFIC ASSIGNMENTS OR TASKS WHICH ARE TYPICAL OF THOSE GIVEN TO THE EMPLOYEE DURING THE PAST THREE TO SIX MONTHS (List in order of frequency)

- A. Liaison with Servicio de Inteligencia Militar and Buro do Investigaciones
- B. Contacts and development of operational assets
- C. Handling agents
- D. Reporting

## SECTION III (To be completed at Headquarters only)

DO NOT COMPLETE - FOR HEADQUARTERS USE ONLY

## AUTHENTICATION OF REPORT AND SIGNATURES

1. NAME OF RATER (True)	2. NAME OF REVIEWING OFFICIAL IN FIELD (True)
Robert E. WHEDBEE	
3. THIS REPORT <input type="checkbox"/> WAS <input checked="" type="checkbox"/> NOT SHOWN TO THE INDIVIDUAL BEING RATED	
4. DATE REPORT AUTHEN- TICATED AT HQS.	5. NAME AND SIGNATURE OF ADMINISTRATIVE OR PERSONNEL OFFICER AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE FITNESS REPORT AND SIGNATURES
18 Jan 1955	John King

DO NOT COMPLETE - FOR HEADQUARTERS USE ONLY

SECRET  
(When Filled In)

## SECTION IV

This section is provided as an aid in describing the individual. Your description is not favorable or unfavorable in itself but qualifies its meaning in relation to a particular job or assignment. The descriptive words are to be interpreted literally.

On the left hand side of the page below are a series of statements that apply in some degree to most people. On the right hand side of the page are four major categories of descriptions. The scale within each category is divided into three small blocks; this is to allow you to make finer distinctions if you so desire. Look at the statement on the left - then check the category on the right which best tells how much the statement applies to the person you are rating. Placing an "X" in the "Not Observed" column means you have no opinion on whether a phrase applies to an individual. Placing an "X" in the "Does Not Apply" column means that you have the definite opinion that the description is not at all suited to the individual.

STATEMENTS	CATEGORIES					
	NOT OBSERVED	DOES NOT APPLY	APPLIES TO A LIMITED DEGREE	APPLIES IN A REASONABLE DEGREE	APPLIES TO AN ABOVE AVERAGE DEGREE	APPLIES TO AN OUTSTANDING DEGREE
A. ABLE TO SEE ANOTHER'S POINT OF VIEW.			X			
B. PRACTICAL.					X	
1. A GOOD REPORTER OF EVENTS.					X	
2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES.					X	
3. CAUTIOUS IN ACTION.					X	
4. HAS INITIATIVE.					X	
5. UNEMOTIONAL.					X	
6. ANALYTIC IN HIS THINKING.			X			
7. CONSTANTLY STRIVING FOR NEW KNOWLEDGE AND IDEAS.				X		
8. GETS ALONG WITH PEOPLE AT ALL SOCIAL LEVELS.					X	
9. HAS SENSE OF HUMOR.					X	
10. KNOWS WHEN TO SEEK ASSISTANCE.					X	
11. CALM.			X			
12. CAN GET ALONG WITH PEOPLE.					X	
13. MEMORY FOR FACTS.				X		
14. GETS THINGS DONE.					X	
15. KEEPS ORIENTED TOWARD LONG TERM GOALS.				X		
16. CAN COPE WITH EMERGENCIES.					X	
17. HAS HIGH STANDARDS OF ACCOMPLISHMENT.					X	
18. HAS STAMINA. CAN KEEP GOING A LONG TIME.					X	
19. HAS WIDE RANGE OF INFORMATION.					X	
20. SHOWS ORIGINALITY.				X		
21. ACCEPTS RESPONSIBILITIES.					X	
22. ADMITS HIS ERRORS.				X		
23. RESPONDS WELL TO SUPERVISION.					X	
24. EVEN DISPOSITION.						X
25. ABLE TO DO HIS JOB WITHOUT STRONG SUPPORT.						X

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26. CAN THINK ON HIS FEET.										X	
27. COMES UP WITH SOLUTIONS TO PROBLEMS.									X		
28. STIMULATING TO ASSOCIATES; A "SPARK PLUG".									X		
29. TOUGH MINDED.								X			
30. OBSERVANT.									X		
31. CAPABLE.								X			
32. CLEAR THINKING.									X		
33. COMPLETELY ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS.									X		
34. EVALUATES SELF REALISTICALLY.									X		
35. WELL INFORMED ABOUT CURRENT EVENTS.									X		
36. DELIBERATE.								X			
37. EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES.								X			
38. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS.								X			
39. THOUGHTFUL OF OTHERS.								X			
40. WORKS WELL UNDER PRESSURE.								X			
41. DISPLAYS JUDGEMENT.									X		
42. GIVES CREDIT WHERE CREDIT IS DUE.									X		
43. HAS DRIVE.									X		
44. IS SECURITY CONSCIOUS.									X		
45. VERSATILE.									X		
46. HIS CRITICISM IS CONSTRUCTIVE.									X		
47. ABLE TO INFLUENCE OTHERS.									X		
48. FACILITATES SMOOTH OPERATION OF HIS OFFICE.	X										
49. DOES NOT REQUIRE STRONG AND CONTINUOUS SUPERVISION.	X								X		

**SECTION V**

4. WHAT ARE HIS OUTSTANDING STRENGTHS?

He is an excellent [ ] and contact man. His unflagging good humor and friendly manner have made him very popular with all classes of Americans and natives. Even when carrying out disagreeable tasks, he manages to do it with the least possible offense to others.

2. WHAT ARE THE OUTSTANDING BEANCESSES

He is not a desk man. Although he writes well he would be bored with the routine involved in processing, collating and reporting.

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(When Filled In)

OFFICE

<p>C. INDICATE IF YOU THINK THAT ANY SINGLE STRENGTH OR WEAKNESS OUTSHINES ALL OTHER CONSIDERATIONS. <i>SCARCE</i></p> <p>No. See above.</p>	
<p>D. DO YOU FEEL THAT HE REQUIRES CLOSE SUPERVISION? <input checked="" type="checkbox"/> YES, IF YES, WHY?  <i>But his gregarious nature makes him seek counsel and advice when he is quite capable of making the right decision himself. Bill Rugh</i></p>	
<p>E. WHAT TRAINING DO YOU RECOMMEND FOR THIS INDIVIDUAL?  <i>Additional experience in the field and at Headquarters, plus refresher courses.</i></p>	
<p>F. OTHER COMMENTS (Indicate here general traits, specific habits or characteristics not covered elsewhere in the report but which have a bearing on effective utilization of this person):</p>	
<p><b>SECTION VI</b></p> <p>Read all descriptions before rating. Place "X" in the most appropriate box under subsections A, B, C, &amp; D</p>	
<p>A. DIRECTIONS: Consider only the skills with which the person has performed the duties of his job and rate him accordingly.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. DOES NOT PERFORM DUTIES ACCURATELY; HE IS INCOMPETENT.</li> <li><input type="checkbox"/> 2. BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES COMPETENTLY.</li> <li><input type="checkbox"/> 3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.</li> <li><input checked="" type="checkbox"/> 4. PERFORMS DUTIES IN A TYPICALLY COMPETENT, EFFECTIVE MANNER.</li> <li><input type="checkbox"/> 5. A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.</li> <li><input type="checkbox"/> 6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE RATER.</li> </ul> <p>IS THIS INDIVIDUAL BETTER QUALIFIED FOR WORK IN SOME OTHER AREA? <input type="checkbox"/> NO, <input type="checkbox"/> YES. IF YES, WHAT?</p>	<p>C. DIRECTIONS: Based upon what he has said, his actions, and any other indications, give your opinion of this person's attitude toward the organization.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. HAS AN ANTAGONISTIC ATTITUDE TOWARD THE AGENCY... WILL DEFINITELY LEAVE THE ORGANIZATION AT THE FIRST OPPORTUNITY.</li> <li><input type="checkbox"/> 2. HAS STRONG NEGATIVE ATTITUDE TOWARD ORGANIZATION... INFLUENCED BY RESTRICTIONS... REGARDS AGENCY AS A TEMPORARY STOP UNTIL HE CAN GET SOMETHING BETTER.</li> <li><input type="checkbox"/> 3. TENDS TO HAVE AN UNFAVORABLE ATTITUDE TOWARD THE ORGANIZATION... BOtherED BY MINOR FRUSTRATIONS... WILL QUIT IF THESE CONTINUE.</li> <li><input type="checkbox"/> 4. HIS ATTITUDE TOWARD THE ORGANIZATION IS INDIFERENT... HAS "BAIT AND SEE" ATTITUDE... WOULD LEAVE IF SOMEONE OFFERED HIM SOMETHING BETTER.</li> <li><input checked="" type="checkbox"/> 5. TENDS TO HAVE FAVORABLE ATTITUDE TOWARD ORGANIZATION; MAKES ALLOWANCES FOR RESTRICTIONS IMPOSED BY WORKING FOR ORGANIZATION... THINKS IN TERMS OF A CAREER IN THE ORGANIZATION.</li> <li><input type="checkbox"/> 6. DEFINITELY HAS FAVORABLE ATTITUDE TOWARD THE ORGANIZATION... BARRING AN UNEXPECTED OUTSIDE OPPORTUNITY, WILL PROBABLY ENDEAVOR TO MAKE A CAREER IN THE ORGANIZATION.</li> <li><input type="checkbox"/> 7. HAS AN ENTHUSIASTIC ATTITUDE TOWARD THE ORGANIZATION; WILL PROBABLY NEVER CONSIDER WORKING ANY PLACE BUT IN THE ORGANIZATION.</li> </ul>
<p>B. DIRECTIONS: Considering others of this person's grade and type of assignment, how would you rate him on potentiality for assumption of greater responsibilities than normally indicated by promotion.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. HAS REACHED THE HIGHEST GRADE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED.</li> <li><input checked="" type="checkbox"/> 2. IS MAKING PROGRESS, BUT NEEDS MORE TIME IN PRESENT GRADE BEFORE PROMOTION TO A HIGHER GRADE CAN BE RECOMMENDED.</li> <li><input type="checkbox"/> 3. IS READY TO TAKE ON RESPONSIBILITIES OF THE NEXT HIGHER GRADE, BUT MAY NEED TRAINING IN SOME AREAS.</li> <li><input type="checkbox"/> 4. BILL PROBABLY ADJUST QUICKLY TO THE MORE RESPONSIBLE DUTIES OF THE NEXT HIGHER GRADE.</li> <li><input type="checkbox"/> 5. IS ALREADY PERFORMING AT THE LEVEL OF THE NEXT HIGHER GRADE.</li> <li><input type="checkbox"/> 6. AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR RAPID ADVANCEMENT.</li> </ul>	<p>D. DIRECTIONS: Consider everything you know about this person in making your rating...SKILL IN JOB DUTIES, CONDUCT ON THE JOB, PERSONAL CHARACTERISTICS OR HABITS, AND SPECIAL DEFECTS OR TALENTS.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED.</li> <li><input type="checkbox"/> 2. OR DOUBTFUL SUITABILITY... WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW.</li> <li><input type="checkbox"/> 3. A BARELY ACCEPTABLE EMPLOYEE... DEFINITELY BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION.</li> <li><input type="checkbox"/> 4. A TYPICAL EMPLOYEE...HE DISPLAYS THE SAME SUITABILITY AS MOST OF THE PEOPLE I KNOW IN THE ORGANIZATION.</li> <li><input checked="" type="checkbox"/> 5. A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS.</li> <li><input type="checkbox"/> 6. AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION</li> <li><input type="checkbox"/> 7. EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION.</li> </ul>

SECRET

1. NAME (PRINTED)	LAST	MIDDLE	INITIAL	DATE	GRADE	TO PRESENT DUTY
				19	1	12 JUN 53
2. DESCRIPTION OF DUTIES SINCE LAST REPORT. (LIST MOST RECENT FIRST. DESCRIBE CONCISELY BUT FULLY)						
Case Officer for [REDACTED] projects, including agent direction, preparation of agent requests, analysis and preparation of reports, developmental activity with new [REDACTED] agents.						
Deputy Chief of Mission and during absence of Chief responsible for over-all direction of AFIAA activities.						
3. IF COURSES OF INSTRUCTION WERE COMPLETED DURING PERIOD OF THIS REPORT, LIST TITLE, LOCATION OF SCHOOL, LENGTH OF COURSE AND DATE COMPLETED.						
None						

4. PROFICIENCY IN FOREIGN LANG.	READING	SPEECHING	UNDERSTANDING			
	ENGLISH	OTHER FOREIGN LANGUAGE	ENGLISH	GOOD	FAIR	
Spanish	X	X	X			

5. MY PREFERENCE FOR NEXT DUTY AFTER TERMINATION OF CURRENT ASSIGNMENT IS: IF IN US-50 STATE  
TYPE OF DUTY LOCATION  
Operations Officer [REDACTED]

(LIST ONE OR MORE IN ORDER OF PREFERENCE)

6. HAVE THERE BEEN ANY CHANGES IN PERSONAL STATUS SINCE ORIGINAL EMPLOYMENT OR LAST REPORT - WHICHEVER IS LATER?

MARITAL STATUS	YES	NUMBER OF DEPENDENTS	YES	EMERGENCY ADDRESSEE	YES	LEGAL ADDRESS	YES
X NO		Y NO		X NO		Y NO	

IF THE ANSWER TO ANY OF THE ABOVE IS YES, ATTACH A SEPARATE DETAILED REPORT IN DUPLICATE HERETO. IN THE CASE OF MARRIAGE, THE REPORT WILL INCLUDE NAMES, ADDRESSES, AND CITIZENSHIP OF SPOUSE, FATHER-IN-LAW, MOTHER-IN-LAW, BROTHERS-IN-LAW AND SISTERS-IN-LAW.

9 June 1956

DATE

SIGNATURE OF EMPLOYEE

## SECTION 7 THROUGH 11 TO BE COMPLETED BY IMMEDIATE SUPERVISOR

7. PERIOD COVERED BY THIS REPORT	DATE FROM	DATE TO	OCCASION FOR REPORT	
	1 June '53	1 June '54	ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT <input type="checkbox"/> PROPOSED REASSIGNMENT <input type="checkbox"/> REPORTING OFFICER <input type="checkbox"/> OF EMPLOYEE REPORTED ON <input type="checkbox"/> DAYS OF EMPLOYMENT	
8. IS THIS EMPLOYEE QUALIFIED TO PERFORM ALL PRESENT DUTIES?	<input checked="" type="checkbox"/> YES	IS EMPLOYEE BETTER QUALIFIED FOR OTHER DUTIES?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF SO, WHAT DUTY OR DUTIES

DO YOU CONCUR IN EMPLOYEE'S DESCRIPTION OF DUTIES UNDER SECTION 2?  YES  NO. IF NO, EXPLAIN IN SECTION 11.  
 HAS EMPLOYEE STRIVEN FOR  YES  NO PROFESSIONAL IMPROVEMENTS  YES  NO FOR PROMOTION?  YES  NO because recently promoted

9. FOR EACH FACTOR OBSERVED CHECK THE APPROPRIATE BOX TO INDICATE HOW THE EMPLOYEE COMPARES WITH ALL OTHERS OF THE SAME CLASSIFICATION WHOSE PROFESSIONAL ABILITIES ARE KNOWN TO YOU PERSONALLY. DO NOT LIMIT THIS COMPARISON TO THE OTHERS NOW UNDER YOUR SUPERVISION. DO NOT HESITATE TO MARK 'NOT OBSERVED' OR ANY QUALITY WHEN APPROPRIATE.

RATING FACTOR	NOT OBSERVED	UNSATISFACTOR	FAIR	GOOD	VERY GOOD	EXCELLENT	OUTSTANDING
A. ABILITY TO WORK AND GET ALONG WITH PEOPLE							X
B. INTEREST AND ENTHUSIASM IN WORK							X
C. SECURITY CONSCIOUSNESS							X
D. ABILITY TO GRASP INSTRUCTIONS AND PLANS							X
E. ATTENTION TO DUTY							X
F. JUDGMENT AND COMMON SENSE							X
G. ABILITY TO OBTAIN RESULTS AND GET THINGS DONE							X
H. DISCRETION							X
I. INITIATIVE							X
J. ABILITY TO HANDLE AND DIRECT PEOPLE							X
K. PERFORMANCE OF PRESENT DUTIES (ITEM 2)							X
L. ABILITY TO EVALUATE INTELLIGENCE INFORMATION							X
M. TACT							X
N. SAGACITY (HON-HULLIBILITY)							X
O. LEADERSHIP							X
P. PHYSICAL STAMINA							X
Q. MENTAL STAMINA							X

10. INDICATE YOUR ATTITUDE TOWARD HAVING THIS EMPLOYEE UNDER YOUR COMMAND OR SUPERVISION. WOULD YOU DEFINITELY  PREFER NOT  TO HAVE HIM?  TO HAVE HIM?  BE PLEASED  PARTICULARLY  NOT WANT HIM?  TO HAVE HIM?  TO HAVE HIM?  DESIRE HIM?

11. ENTER HERE ANY DESIRED REMARKS PERTAINING TO PARTICULAR QUALIFICATIONS OR LACK THEREOF WHICH ARE CONSIDERED PERTINENT TO THE EVALUATION OF THIS EMPLOYEE. OUTSTANDING ASSETS AND/OR SERIOUS LIMITATIONS SHOULD BE STATED ALSO REASONS FOR AND RECOMMENDATIONS AS TO REASSIGNMENT WILL BE GIVEN IF APPROPRIATE TO THIS REPORT.

100 COPIES OF THIS FORM IS RELEASED UNDER E.O. 14176

100 COPIES OF THIS FORM IS RELEASED UNDER E.O. 14176

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1. NAME - SURNAME FIRST MIDDLE INITIAL  
2. GRADE - PAY RATING SALARY  
3. ADDRESS - CITY STATE ZIP CODE  
4. BIRTH DATE  
5. EDUCATION - GRADE RECEIVED  
6. MARRIED - YES NO  
7. CHILDREN - NUMBER OF CHILDREN  
8. PARENTS - NUMBER OF PARENTS  
9. SIBLINGS - NUMBER OF SIBLINGS  
10. HUSBAND'S OCCUPATION  
11. HUSBAND'S EMPLOYER  
12. HUSBAND'S PAY RATING  
13. HUSBAND'S SALARY  
14. HUSBAND'S GRADE  
15. HUSBAND'S ADDRESS  
16. HUSBAND'S CITY  
17. HUSBAND'S STATE  
18. HUSBAND'S ZIP CODE  
19. HUSBAND'S GRADE  
20. HUSBAND'S PAY RATING  
21. HUSBAND'S SALARY  
22. HUSBAND'S ADDRESS  
23. HUSBAND'S CITY  
24. HUSBAND'S STATE  
25. HUSBAND'S ZIP CODE

Operations Officer, base officer for

Developmental work on additional sources of intelligence information, research work on leading personalities to examine

8. IF COURSES OF INSTRUCTION WERE COMPLETED DURING PERIOD OF THIS REPORT, LIST TITLE, LOCATION OF SCHOOL, LENGTH OF COURSE AND DATE COMPLETED. None

6. HAVE THERE BEEN ANY CHANGES IN PERSONAL STATUS SINCE ORIGINAL EMPLOYMENT OR LAST REPORT - WHICHEVER IS LATER?

MARITAL STATUS  YES  NO      NUMBER OF DEPENDENTS  YES  NO      EMERGENCY ADDRESSEE  YES  NO      LEGAL ADDRESS  YES  NO

IF THE ANSWER TO ANY OF THE ABOVE IS YES, ATTACH A SEPARATE DETAILED REPORT IN DUPLICATE HERETO. IN THE CASE OF MARRIAGE, THE REPORT WILL INCLUDE NAMES, ADDRESSES, AND CITIZENSHIP OF SPOUSE, FATHER-IN-LAW, MOTHER-IN-LAW, BROTHERS-IN-LAW, AND SISTERS-IN-LAW.

1 June 1959

SECTION 7 THROUGH 11 TO BE COMPLETED BY IMMEDIATE SUPERVISOR

7. PERIOD COVERED BY THIS REPORT		OCCASION FOR REPORT			
DATE FROM	DATE TO	ANNUAL <input checked="" type="checkbox"/>	REASSIGNMENT OF <input type="checkbox"/>	PROPOSED REASSIGNMENT <input type="checkbox"/>	COVERING INITIAL 80
20 April 1983	1 June 1983	REPORTING OFFICER <input type="checkbox"/>	OF EMPLOYEE REPORTED ON <input type="checkbox"/>	DAYS OF EMPLOYMENT <input type="checkbox"/>	

8. IS THIS EMPLOYEE QUALIFIED TO 

YES
NO

 IS EMPLOYEE BETTER QUALIFIED 

YES
NO

 IF SO, WHAT DUTY OR DUTIES \_\_\_\_\_  
PERFORM ALL PRESENT DUTIES?

DO YOU CONCUR IN EMPLOYEE'S DESCRIPTION OF DUTIES UNDER SECTION 2?  YES  NO. IF NO., EXPLAIN IN SECTION II.  
HAS EMPLOYEE STRIVEN FOR  YES DO YOU RECOMMEND EMPLOYEE  YES  
PROFESSIONAL IMPROVEMENT  NO FOR PROMOTION?  YES IF SO, TO WHAT GRADE AND FOR WHAT POSITION?  
  
DUE TO SHORT TIME IN FIELD

B. FOR EACH FACTOR OBSERVED CHECK THE APPROPRIATE BOX TO INDICATE HOW THE EMPLOYEE COMPARES WITH ALL OTHERS OF THE SAME CLASSIFICATION WHOSE PROFESSIONAL ABILITIES ARE KNOWN TO YOU PERSONALLY. DO NOT LIMIT THIS COMPARISON TO THE OTHERS WHO UNDER YOUR SUPERVISION. DO NOT HESITATE TO MARK 'NOT OBSERVED' ON ANY QUALITY WHEN APPROPRIATE.

RATING FACTORS	NOT OBSERVED	UNSATISFACTORY	PATR	GOOD	VERY GOOD	EXCELLENT	OUTSTANDING
A. ABILITY TO WORK AND GET ALONG WITH PEOPLE						X	
B. INTEREST AND ENTHUSIASM IN WORK						X	
C. SECURITY CONSCIOUSNESS						X	
D. ABILITY TO GRASP INSTRUCTIONS AND PLANS						X	
E. ATTENTION TO DUTY						X	
F. JUDGMENT AND COMMON SENSE						X	
G. ABILITY TO OBTAIN RESULTS AND GET THINGS DONE					X		
H. DISCRETION					X		
I. INITIATIVE						X	
J. ABILITY TO HANDLE AND DIRECT PEOPLE					X		
K. PERFORMANCE OF PRESENT DUTIES (ITEM E)						X	
L. ABILITY TO EVALUATE INTELLIGENCE INFORMATION						X	
M. TACT						X	
N. SACACITY (NON-GULLIBILITY)						X	
O. LEADERSHIP						X	
P. PHYSICAL STAMINA						X	
Q. MENTAL STAMINA						X	

10. INDICATE YOUR ATTITUDE TOWARD HAVING THIS EMPLOYEE UNDER YOUR COMMAND OR SUPERVISION. WOULD YOU  
DEFINITELY  PREFER NOT  BE SATISFIED  BE PLEASED  PARTICULARLY   
NOT WANT HIM?  TO HAVE HIM?  TO HAVE HIM?  TO HAVE HIM?  DESIRE HIM?

19. ENTER HERE ANY DESIRED REMARKS PERTAINING TO PARTICULAR QUALIFICATIONS OR LACK THEREOF WHICH ARE CONSIDERED PERTINENT TO THE EVALUATION OF THIS EMPLOYEE. OUTSTANDING ASSETS AND/OR SERIOUS LIMITATIONS SHOULD BE STATED ALSO REASONS FOR AND RECOMMENDATIONS AS TO REASSIGNMENT WILL BE GIVEN IF APPROPRIATE TO THIS REPORT.

12-14-2013

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**EXPLANATION OF CIRCUMSTANCES IN THIS REPORT SO BE MADE TO THE EMPLOYEE REPORTED IN**

B. DESCRIPTION OF DUTIES SINCE LAST EFFICIENCY REPORT. LIST MOST RECENT FIRST. DESCRIBE CONCISELY BUT FULLY.

Case officer for one month	
Developmental work on additional sources of intelligence information, research work on	personnel files to examine

9. IF COURSES OF INSTRUCTION WERE COMPLETED DURING PERIOD OF THIS REPORT, LIST TITLE, LOCATION OF SCHOOL, LENGTH OF COURSE AND DATE COMPLETED. None

4. PROFICIENCY IN FOREIGN LANG.	READING		SPEAKING		UNDERSTANDING	
	ENCL	CODE	ENCL	CODE	ENCL	CODE
Spanish	X		X		X	

5. MY PREFERENCE FOR NEXT DUTY AFTER TERMINATION OF CURRENT ASSIGNMENT IS: (IF IN US-50 STATE)

TYPE OF DUTY	LOCATION
CASE officer	
" "	
" "	
" "	

(LIST ONE OR MORE IN ORDER OF PREFERENCE)

6. HAVE THERE BEEN ANY CHANGES IN PERSONAL STATUS SINCE ORIGINAL EMPLOYMENT OR LAST REPORT - WHICHEVER IS LATER?

MARITAL STATUS  YES NUMBER OF DEPENDENTS  YES EMERGENCY ADDRESSEE  YES LEGAL ADDRESS  YES  
 NO  NO  NO  NO  NO

IF THE ANSWER TO ANY OF THE ABOVE IS YES, ATTACH A SEPARATE DETAILED REPORT IN DUPLICATE HERETO. IN THE CASE OF MARRIAGE, THE REPORT WILL INCLUDE NAMES, ADDRESSES, AND CITIZENSHIP OF SPOUSE, FATHER-IN-LAW, MOTHER-IN-LAW, BROTHERS-IN-LAW AND SISTERS-IN-LAW.

14 May 1963

DATE

## SECTION 7 THROUGH 11 TO BE COMPLETED BY IMMEDIATE SUPERVISOR

7. PERIOD COVERED BY THIS REPORT OCCASION FOR REPORT  
 DATE FROM DATE TO ANNUAL  REASSIGNMENT OF PROPOSED REASSIGNMENT  
 19 Jan. 20 April 1963 REPORTING OFFICER  OF EMPLOYEE REPORTED ON  COVERING INITIAL 80 DAYS OF EMPLOYMENT 8. IS THIS EMPLOYEE QUALIFIED TO  YES IS EMPLOYEE BETTER QUALIFIED  YES IF SO, WHAT DUTY OR DUTIES  
 PERFORM ALL PRESENT DUTIES  NO FOR OTHER DUTIES  NODO YOU CONCUR IN EMPLOYEE'S DESCRIPTION OF DUTIES UNDER SECTION 2?  YES  NO IF NO, EXPLAIN IN SECTION 11  
 HAS EMPLOYEE STRIVEN FOR  YES DO YOU RECOMMEND EMPLOYEE  YES IF SO, TO WHAT GRADE AND FOR WHAT POSITION  
 PROFESSIONAL IMPROVEMENT  NO FOR PROMOTION  NO

9. FOR EACH FACTOR OBSERVED CHECK THE APPROPRIATE BOX TO INDICATE HOW THE EMPLOYEE COMPARES WITH ALL OTHERS OF THE SAME CLASSIFICATION WHOSE PROFESSIONAL ABILITIES ARE KNOWN TO YOU PERSONALLY. DO NOT LIMIT THIS COMPARISON TO THE OTHERS NOW UNDER YOUR SUPERVISION. DO NOT HESITATE TO MARK 'NOT OBSERVED' ON ANY QUALITY WHEN APPROPRIATE.

RATING FACTORS	NOT OBSER- VED	UNSAT- ISFACT- ORY	FAIR	GOOD	VERY GOOD	EXCEL- LENT	BEST- STAN- DARD
A. ABILITY TO WORK AND GET ALONG WITH PEOPLE							X
B. INTEREST AND ENTHUSIASM IN WORK							X
C. SECURITY CONSCIOUSNESS							X
D. ABILITY TO GRASP INSTRUCTIONS AND PLANS							X
E. ATTENTION TO DUTY							X
F. JUDGMENT AND COMMON SENSE							X
G. ABILITY TO OBTAIN RESULTS AND GET THINGS DONE							X
H. DISCRETION							X
I. INITIATIVE							X
J. ABILITY TO HANDLE AND DIRECT PEOPLE							X
K. PERFORMANCE OF PRESENT DUTIES (ITEM 2)							X
L. ABILITY TO EVALUATE INTELLIGENCE INFORMATION							X
M. TACT							X
N. SAGACITY (NON-GULLIBILITY)							X
O. LEADERSHIP							X
P. PHYSICAL STAMINA							X
Q. MENTAL STAMINA							X

10. INDICATE YOUR ATTITUDE TOWARD HAVING THIS EMPLOYEE UNDER YOUR COMMAND OR SUPERVISION. WOULD YOU DEFINITELY  PREFER NOT  BE SATISFIED  BE PLEASED  PARTICULARLY   
 NOT WANT HIM  TO HAVE HIM  TO HAVE HIM  TO HAVE HIM  DESIRE HIM 

11. ENTER HERE ANY DESIRED REMARKS PERTAINING TO PARTICULAR QUALIFICATIONS OR LACK THEREOF WHICH ARE CONSIDERED PERTINENT TO THE EVALUATION OF THIS EMPLOYEE. OUTSTANDING ASSETS AND/OR SERIOUS LIMITATIONS SHOULD BE STATED ALSO REASONS FOR AND RECOMMENDATIONS AS TO REASSIGNMENT WILL BE GIVEN IF APPROPRIATE TO THIS REPORT.

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169. SIGNATURE OF APPROVING AGENT

170. SIGNATURE OF APPROVING AGENT

171. SIGNATURE OF APPROVING AGENT

172. SIGNATURE OF APPROVING AGENT

173. SIGNATURE OF APPROVING AGENT

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185. SIGNATURE OF APPROVING AGENT

186. SIGNATURE OF APPROVING AGENT

187. SIGNATURE OF APPROVING AGENT

188. SIGNATURE OF APPROVING AGENT

189. SIGNATURE OF APPROVING AGENT

190. SIGNATURE OF APPROVING AGENT

191. SIGNATURE OF APPROVING AGENT

CONFIDENTIAL  
(When Filled In)

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Handbook 20-4, Employee Conduct, dated 9 July 1970, and the Information brochure for PCS returnees, dated May 1964.

_____ Signature	

19 Jul 1971  
Date

CONFIDENTIAL  
(When Filled In)

MEMORANDUM OF UNDERSTANDING

SECRET

14 June 1968

Handwritten notes:  
Funder  
Other  
MOT  
N.Y.

MEMORANDUM FOR: Director of Personnel

THRU: Chief, WH Personnel

SUBJECT: Immediate Family of [redacted]

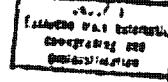
[redacted] It is hereby requested that Mrs. [redacted]  
[redacted] mother-in-law of the writer, be added to  
Agency personnel records as one of his depend-  
ents.

The writer is personally responsible for  
over 51% of Mrs. [redacted] support which is re-  
flected in his federal income tax returns.

[redacted]  
Deputy Chief, WH/COG

cc: C/WH Personnel

SECRET



**SECRET**

**ELECTION, DECLINATION, OR WAIVER  
OF LIFE INSURANCE COVERAGE  
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM**

**IMPORTANT  
AGENCY INSTRUCTIONS  
ON BACK OF ORIGINAL**

**TO COMPLETE THIS FORM—**

**1 FOLLOW THESE GENERAL INSTRUCTIONS:**

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink..
- Do not detach any part.

**2**

**FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):**

NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER
RODRIGUEZ				
EMPLOYING DEPARTMENT OR AGENCY		LOCATION (City, State, ZIP Code)		

**3**

**MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):**

Mark here —  
if you  
WANT BOTH  
optional and  
regular  
insurance

↓

**ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE**

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

↓

**DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE**

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

↓

**WAIVER OF LIFE INSURANCE COVERAGE**

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

**4**

**SIGN AND DATE, IF YOU MARKED BOX "A" OR "C",  
COMPLETE THE "STATISTICAL STUB." THEN RETURN  
THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.**

--	--

DATE

14 February 1968

**FOR EMPLOYING OFFICE USE ONLY**

(official receiving date stamp)

FEBRUARY 14, 1968  
OFFICE OF PERSONNEL

89, HJ-E 2 6183

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

**SECRET**

STANDARD FORM No. 176-2  
JANUARY 1963  
(For use only until April 16, 1968)  
GSA GEN. REG. NO. 27

**C O N F I D E N T I A L**  
(When filled in)

**TRAINING REPORT**

**MANAGERIAL GRID SEMINAR (50 hours)    DATES: 23-28 April 1967**

Student :

Office : WH

Year of Birth:

Service Designation D

Grade : 15

No. of Students :

EOD Date : June 1952

**COURSE OBJECTIVES AND METHOD**

Course objectives are to aid participants to: learn the managerial theories contained in the Grid; understand their personal managerial styles in Grid terms; evaluate convictions about managerial values; develop team action skills; increase readiness of communication; strengthen the use of critique for problem-solving and learning; and acquire an appreciation of Organization Culture and Development.

The method of learning offers a challenge to all participants regardless of level or experience. A Grid Seminar is not "taught" in the usual sense. In Grid teams, participants solve complex management problems. Objective solutions are made available. Individual and team performance is repeatedly assessed. Various measuring instruments are used to evaluate effectiveness.

Critique sessions assist each participant to understand how he might change his own behavior to increase his problem-solving effectiveness. Thus managers are not told the best way to manage, but they learn by convincing themselves.

About twenty to thirty hours of study are completed as prework. Insights gained are deepened and personalized during the intensive 50-hour Seminar.

**ACHIEVEMENT RECORD**

This is a certificate of attendance only. No attempt was made to evaluate student achievement in this course.

**FOR THE DIRECTOR OF TRAINING:**

\_\_\_\_\_  
Chief Instructor / \_\_\_\_\_ Date \_\_\_\_\_

**C O N F I D E N T I A L**  
(When filled in)

SECRET

## FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

NAME OF EMPLOYEE (use pseudo only if N/A)	DATE FROM LINE 5-2	NAME OF SUPERVISOR (true)	DATE (from item 5-2)
	29 Sep 64		29 Sep 64

DATE RECEIVED AT HEADQUARTERS:	DISPATCH NUMBER:	DATE RECEIVED BY CAREER SERVICE:
8 October 1964	OSMT-3550	

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH	2. SERVICE DESIGN	3. YOUR CURRENT POSITION, TITLE AND GRADE	4. STATION OR BASE	5. CRYPTO FOR CURRENT COVER
13 March 1915	KUTUBE	D/Chief of Station 3S-15		

6A. DATE OF PCS ARRIVAL IN FIELD	6B. REQUESTED DATE OF DEPARTURE	6C. EXPECTED DATE OF FIRST CHECK-IN AT HQ	6D. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE
3 October 1960	10 November 1964	30 November 1964	9 December 1964

7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:

None

8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENTS:

None

9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form).  
(also attach personal cover questionnaire in accordance with CSI-P 240-8)

D/Chief of Station  
 Chief, [ ] Ops  
 Coordinator for [ ] operational activities throughout WS area.

10. TRAINING DESIRED:  
INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS

Believe would profit from attending senior seminars on CA and CP activities.

SECRET

## 11. PREFERENCE FOR NEXT ASSIGNMENT

11A. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.

COS - WE or IA

Chief, Ops - At large station with diversified activities.

11B. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, & 3 (FOR 1ST, 2ND, AND 3RD CHOICE) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR. Present tour ends 3 Oct. 1964 and home leave has been approved.

EXTEND TOUR \_\_\_\_\_ MONTHS AT CURRENT STATION TO \_\_\_\_\_ (DATES)

BE ASSIGNED TO MONTHS FOR A TOUR OF DUTY: INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE.  
1ST CHOICE WE 2ND CHOICE IA 3RD CHOICE EE

BE ASSIGNED TO ANOTHER FIELD STATION: INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIALIZATION  
1ST CHOICE WE 2ND CHOICE IA 3RD CHOICE EE

RETURN TO MY CURRENT STATION

## TO BE COMPLETED BY FIELD STATION

12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

Subject has done an outstanding job at this Station during his four years in [REDACTED]. I recommend that he be returned to this Station following home leave in view of the high priority given to his present duties and responsibilities and the obvious fact that the important program which he is now heading up would suffer greatly if he were to be rotated, at this time, to another assignment. When he is eventually transferred from [REDACTED] I feel strongly that he should be given a chief of station assignment within the Division in view of his consistently fine record, his experience, maturity and devotion to duty.

13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

Mr. [REDACTED] desires for home leave and return to [REDACTED] for another tour has been discussed with the Secretary, CSPO/A, and he has been advised by WE Division that this has been approved.

DATE 2 Oct 1964 TITLE C/WE/PT

SIGNATURE [REDACTED]

14. APPROVED ASSIGNMENT:

C/WE who obtained approval for 3rd  
CSPO was by phone or letter. Name [REDACTED]  
has been notified. No update on old [REDACTED]  
later by CSPO. T.G. 10/12/64

SECRET

SECRET

Ric 1682  
12c

## FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY			
AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW.			
NAME OF EMPLOYEE (Initials) <input type="text"/>		DATE (FROM ITEM 5-1) NAME OF SUPERVISOR (Initials) <input type="text"/> 6 April 1962	DATE (FROM ITEM 5-2) <input type="text"/> 6 April 1962
NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NO'S. 1 THROUGH 7, BELOW: <small>Initials</small>			
TO BE COMPLETED BY EMPLOYEE			
1. DATE OF BIRTH	2. GRADE	3. CURRENT POSITION TITLE AND GRADE	7a. DATE OF PCS ARRIVAL IN FIELD OF THIS TOUR <input type="text"/> 2 October 1960
<input type="text"/> 13 March 1919	<input type="text"/> GS-14	<input type="text"/> Deputy Chief of Station	7b. EXPECTED DATE OF DEPARTURE FROM FIELD <input type="text"/>
4. SERVICE DESIGNATION (AF SYMBOL)	5. CURRENT STATION OR FIELD BASE	7c. EXPECTED DATE OF ARRIVAL AT HEADQUARTERS PCS <input type="text"/>	
6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR <input type="text"/> None			
8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (SEE SPECIAL NOTE ON TRANSMITTER FORM)  Deputy Chief of Station, Chief, <input type="text"/> and Operations.			
9. PREFERENCE FOR NEXT ASSIGNMENT a. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 8, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.  See item 8 above.			
b. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (REFER TO LIST OF COURSES, IF AVAILABLE).  None at this time.			

SECRET

## 9. PREFERENCE FOR NEXT ASSIGNMENT (CONTINUED)

C. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2 AND 3 (FOR 1st, 2nd and 3rd choice) IN THE BOXES BELOW.

RETURN TO MY CURRENT STATION

BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY. WITH RESPECT TO POSSIBLE ASSIGNMENT IN HEADQUARTERS, INDICATE CHOICE OF COMPONENT:

1ST. CHOICE 105 2ND. CHOICE 101 3RD. CHOICE CI

BE ASSIGNED TO ANOTHER FIELD STATION. WITH RESPECT TO POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION, INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIFIC STATION, BASIS ON QUALIFICATIONS:

1ST. CHSCT    2ND. CHSCT    3RD. CHSCT   

## 10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS?

INDICATE NUMBER OF WORK DAYS 20

## 11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU:

None

## 12A. INDICATE ANY CHANGE IN YOUR PERSONAL OR FAMILY SITUATION WHICH SHOULD BE CONSIDERED IN DETERMINING YOUR NEXT ASSIGNMENT

None

12. SIGNATURE: COMPLETE ITEM NO. 5-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM.  
TO BE COMPLETED BY SUPERVISOR AT FIELD STATION

## 13. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE STATION, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:

I strongly recommend that Subject return to this post for a second tour of duty. Additional training while on home leave in the United States is not deemed necessary.

## 14. SIGNATURE: COMPLETE ITEM NO. 5-2, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM.

TO BE COMPLETED BY APPROPRIATE CAREER SERVICE OFFICER OR PERSONNEL OFFICER AT HEADQUARTERS

## 15. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE COMPONENT TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:

202 forwarded for record purposes. Extension already approved by Chairman, Personnel Management Committee.

## 16. NAME OF CAREER SERVICE OFFICER OR PERSONNEL OFFICER

DATE 5 October 1962

FOR USE OF CAREER SERVICE

17. EMPLOYEE      HAS      NOT BEEN NOTIFIED OF PLANNED 1st. REFERENCE  
REASSIGNMENT

DISPATCH NO. \_\_\_\_\_ CABLE NO. \_\_\_\_\_

## 18. TYPED OR PRINTED NAME

19. TITLE

20. DATE

## 22. COMMENTS

Second tour again 10 Oct 62.

SECRET

## CONFIDENTIAL

(When Filled In)

**INSTRUCTIONS:** COMPLETE IN DUPLICATE. THE DATA RECORDED ON THIS FORM IS ESSENTIAL IN DETERMINING TRAVEL EXPENSES ALLOWABLE IN CONNECTION WITH LEAVE AT GOVERNMENT EXPENSE, OVERSEAS DUTY, RETURN TO RESIDENCE UPON SEPARATION, AND FOR PROVIDING CURRENT RESIDENCE AND DEPENDENCY INFORMATION REQUIRED IN THE EVENT OF AN EMPLOYEE EMERGENCY. THE ORIGINAL OF THIS FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL RECORD.

NAME OF EMPLOYEE	(Last)	(First)	(Middle)			
1. RESIDENCE DATA						
PLACE OF RESIDENCE WHEN APPOINTED	LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)					
Auburn, N.Y.						
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE (Legal residence)	PLACANT HILL, Calif.					
Jacksonville, Fla. (Legal residence)						
2. MARITAL STATUS						
CHECK (X) ONE:	<input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> ANNULLED
IF MARRIED, INDICATE PLACE OF MARRIAGE				DATE OF MARRIAGE		
IF DIVORCED, PLACE OF DIVORCE DECREE				DATE OF DECREE		
IF WIDOWED, INDICATE PLACE SPOUSE DIED				DATE SPOUSE DIED		
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)						
3. MEMBERS OF FAMILY						
NAME OF SPOUSE	ADDRESS (No., Street, City, Zone, State)			TELEPHONE NUMBER		
NA						
NAME OF CHILDREN	ADDRESS			SEX	AGE	
NA						
NAME OF FATHER (Or male guardian)	ADDRESS			TELEPHONE NUMBER		
Deceased						
NAME OF MOTHER (Or female guardian)	ADDRESS			TELEPHONE NUMBER		
Deceased						
WHAT MEMBER(S) OF YOUR FAMILY HAS BEEN TOLD OF YOUR AFFILIATION WITH THE AGENCY FOR EMERGENCY PURPOSES?						
None						
4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY						
NAME (Mr., Mrs., Miss) (Last-First-Middle)				RELATIONSHIP		
Mr.				Brother		
HOME ADDRESS (No., Street, City, Zone, State)				HOME TELEPHONE NUMBER		
Kansas City 19, Mo.						
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE				BUSINESS TELEPHONE & EXTENSION		
IS THE INDIVIDUAL NAMED ABOVE BITTING OF YOUR AGENCY AFFILIATION?						
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No					
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF?						
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No					
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE?						
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No					
THE PERSONS NAMED IN ITEM 4 ABOVE MAY ALSO BE NOTIFIED IN CASE OF EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 8 ON THE REVERSE SIDE OF THIS FORM						
5. VOLUNTARY ENTRIES						
INDICATE ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS						
National Bank of Washington						
CONTINUED ON REVERSE SIDE						
CURRENT RESIDENCE AND DEPENDENCY REPORT						

**CONFIDENTIAL**  
(When Filled In)

## 5. (CONTINUED)

IN WHOSE NAME(S) ARE THE ACCOUNTS LISTED?

My name only

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT?  YES  NO. IF "YES", WHERE IS DOCUMENT LOCATED?

With me in my personal papers

HAVE YOU EXECUTED A POWER OF ATTORNEY?  YES  NO. IF "YES", WHO POSSESSES THE POWER OF ATTORNEY?

## 6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

SEARCHED BY	DATE	SEARCHED BY
-------------	------	-------------

**CONFIDENTIAL**

14 December 1959

**TO:** Chief, CI/Support  
**VIA:** Deputy Chief, CI Staff  
**FROM:** Chief, CI/ICD  
**SUBJECT:** [redacted]

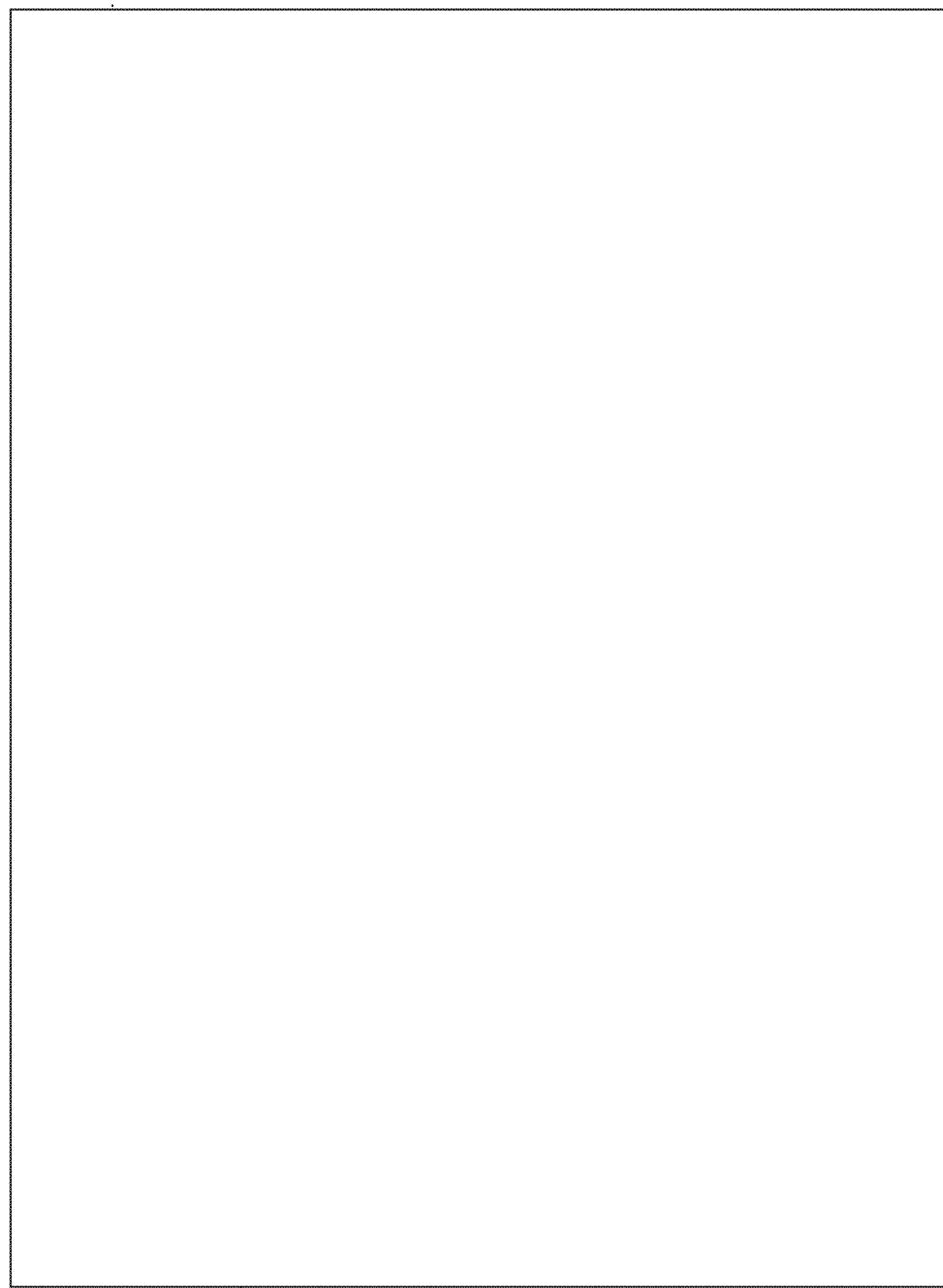
1. Subject is mentioned in a book by [redacted]  
entitled [redacted] Page 379 of this book is attached.

2. It is suggested that this be included in subject's  
personnel folder.

Attachment: (1)

[redacted] published in 1959 by The New Bobbs-Merrill  
Company, an Associate of Howard W. Sams  
& Co., Inc. Indianapolis and New York

See [unclear] →



SECRET

FIELD REASSIGNMENT QUESTIONNAIRE		
DO NOT COMPLETE FOR HEADQUARTERS USE ONLY		
AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:		
NAME OF EMPLOYEE (initials)	DATE (from Item 8-1)	NAME OF SUPERVISOR (initials)
	5 Dec 57	
NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW:		
DO NOT COMPLETE		
TO BE COMPLETED BY EMPLOYEE		
1. DATE OF BIRTH	2. GRADE	3. CURRENT POSITION/TITLE
	GS-14	Deputy Chief of Station
4. SERVICE DESIGNATION (if known)	5. CURRENT STATION OR FIELD BASE	
DI	Habana, Cuba	
6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR		7. EXPECTED DATE OF DEPARTURE
None		July 1958
8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on Transmittal Form):		
<p>Deputy Chief of Station - supervise <input type="checkbox"/> employees</p> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <p>KUTUBE Operations Officer</p>		
9. PREFERENCE FOR NEXT ASSIGNMENT:		
A. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 8, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.		
<p>1st Choice: See Item 8</p> <p>2nd Choice: Office of the Inspector General</p>		
B. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to catalog of courses, if available):		
<p>Refresher Operations Course</p>		

SECRET

## B. PREFERENCE FOR NEXT ASSIGNMENT (CONTINUED)

C. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2 AND 3 (FOR 1st, 2nd and 3rd choices) IN THE BOXES BELOW:

 RETURN TO MY CURRENT STATION BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY BE ASSIGNED TO ANOTHER FIELD STATION

301 FH

WITH RESPECT TO A POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION, INDICATE YOUR 1ST, 2ND AND 3RD CHOICE FOR GEOGRAPHIC AREA OR SPECIFIC STATION:

1ST CHOICE: 2ND CHOICE: 3RD CHOICE: 

## D. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS?

INDICATE NUMBER OF WORK DAYS 30

## E. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU:

None

## F. SIGNATURE: COMPLETE ITEM NO. S-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM.

TO BE COMPLETED BY SUPERVISOR AT FIELD STATION

## G. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE STATION, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:

Subject is qualified to be Chief of Station. Recommend assignment as requested.

## H. SIGNATURE: COMPLETE ITEM NO. S-2, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM.

TO BE COMPLETED BY APPROPRIATE SUPERVISOR AT HEADQUARTERS

## I. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE DIVISION TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:

Recommend assignment Headquarters.

SAC/WH/III

## J. NAME OF SUPERVISOR

## SIGNATURE

## TITLE:

C/WH/III

## DATE:

19 December 1957

## K. REMARKS (additional comment)

SECRET

STANDARD FORM 61 (REVISED AUGUST 1967)  
PROMULGATED BY CIVIL SERVICE COMMISSION  
FEDERAL PERSONNEL MANUAL

## APPOINTMENT AFFIDAVITS

**IMPORTANT.—Before swearing to these appointment affidavits, you should read and understand the attached information for appointees**

..... CIA .....  
(Department or agency) (Name or title) (Place of employment)

I, ..... do solemnly swear (or affirm) that—

### A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

### B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I a member of any organization that advocates the overthrow of the Government of the United States by force or violence or other unconstitutional means or seeking by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) I will not so advocate, nor will I become a member of such organization during the period that I am an employee of the Federal Government.

### C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

FILE NUMBER		PURPOSE AND DATE OF OFFICE		COMPLETED BY EMPLOYEE		TELEPHONE EXT	SECRET
NAME OF EMPLOYEE	EMPLOYEE SERIAL NO.			YES	NO		(WHEN FILLED IN)
R. J. H.							
INSTRUCTIONS		DO NOT WRITE IN COLUMN	WHERE SERVICE WAS PERFORMED	DATE	EMPLOYEE IS:	RESPONSIBLE U.S. GOVT DEPT. OR AGENCY	DO NOT WRITE IN COLUMN
THIS FORM MUST BE RETURNED WHETHER YOU HAVE HAD OVERSEAS SERVICE OR NOT.		125	General	10/18/44	10/18/44	2 Army	070
PLEASE READ CAREFULLY INSTRUCTIONS ON ACCOMPANYING CARD, THEN FILL OUT THIS FORM AS ACCURATELY AS POSSIBLE		125	Carribean	10/19/44	10/19/44	1 Civilian	670
		170	Carta	10/19/44	10/19/44	1 Organization	100-22..
A CERTIFIED COPY IS REQUIRED FOR USE		ISRAEL				SECRET	

**NOTE.—If the oath is taken before a Notary Public the date of expiration of his commission should be shown.**

## DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. Impersonation is a criminal offense and will be prosecuted accordingly.

1. PRESENT ADDRESS (street and number, city and State)

Wash. D.C.

2. (A) DATE OF BIRTH  (B) PLACE OF BIRTH (city or town and State or country)

AURUM, NEW YORK

3. (A) IN CASE OF EMERGENCY PLEASE NOTIFY  (B) RELATIONSHIP  (C) STREET AND NUMBER, CITY AND STATE  (D) TELEPHONE NO.

Father  Aviorn, N.Y. -

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS?  YES  NO

If so, for each such relative fill in the blanks below. If additional space is necessary, complete under Item 10.

NAME	POST OFFICE ADDRESS (Give street number, if any)	(1) POSITION (2) TEMPORARY OR NOT, (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	RELATION- SHIP	MAR- RIED	SIM- PLE (Check one)
		L.....			

INDICATE "YES" OR "NO" ANSWER BY PLACING "X"  
IN PROPER COLUMN

18. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS  
ITEM NO. WRITE IN LEFT COLUMN NUMBERS OF ITEMS TO WHICH DETAILED ANSWERS APPLY

5. ARE YOU A CITIZEN OF OR DO YOU OBEY ALLEGIANCE TO THE UNITED STATES?  YES  NO
6. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?  YES  NO
- If your answer is "Yes", give details in Item 10.
7. DO YOU RECEIVE ANY ANNUITY FROM THE LISTED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PERSON OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?  YES  NO
- If your answer is "Yes", give in Item 10 reason for retirement, that is, age, optional disability, or by reason of voluntary or involuntary separation after 3 years' service, amount of retirement pay, and under what retirement act, and rating if retired from military or naval service.
8. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT HAVE YOU BEEN DISCHARGED OR FORCED TO RESIGN, FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION?  YES  NO
- If your answer is "Yes", give in Item 10 the name and address of employer, date and reason in each case.
9. HAVE YOU BEEN ARRESTED (NOT DRIVING TRAFFIC VIOLATIONS FOR WHICH YOU WERE FINED 120 OR LESS OR DESTITUTE COLLATERAL OF \$5.00 OR LESS) SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT?  YES  NO
- If your answer is "Yes", list all such cases under Item 10. Give in each case: (1) The date, (2) the nature of the offense or violation, (3) the name and location of the court, (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.

### INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine to his or her satisfaction that the appointee need not be in confinement with the Civil Service Act, applicable Civil Service Rules and Regulations and acts of Congress pertaining to appointment.

This form should be checked for listing of office, position, suitability in connection with any record of former discharge or arrest, and particularly for the following:

(1) Identity of appointee -- It is the duty of the appointing officer to guard against impersonation and to determine beyond reasonable doubt that the appointee is the same person whose appointment was authorized. The appointee's signature and handwriting are to be compared with the signature and the other personnel papers. If the appointee signed his or her name elsewhere on the declaration sheet, which was signed in the examination room, the physical appearance may be checked against the original certificate. The appointee may also be questioned as to his personal history in agreement with his previous statements.

(2) Age -- If definite age limits have been established for the position, it should be determined that the appointee is not outside the age range for appointment. Until such a determination is made, the appointment may not be consummated.

(3) Citizenship -- The appointing officer is responsible for observing the citizenship provisions of (1) the Civil Service Rules and (2) immigration acts. Item 11 constitutes an affidavit for both purposes and is a verifiable proof of citizenship status in the absence of conflicting evidence. In doubtful cases the appointee should not be compensated until citizenship has been secured from the certifying office of the Civil Service Commission.

(4) Members of Family -- Section 9 of the Civil Service Act provides that whenever there are already two or more members of a family serving under probative or permanent appointment in the competitive service, no other member of such family is eligible for probative or permanent appointment in the competitive service. The appointments of persons entitled to selected positions are not subject to the requirement. The members of family previously mentioned do not apply to temporary duty appointments. Doubtful cases may be referred to the appropriate office of the Civil Service Commission for decision.



FORM DS-1 1-20-51		BUOL BUREAU NO. 47-R071-3 APPROVAL EXPIRES August 31, 1954			
<p>If more space is required, use additional sheets of paper. Write on each sheet your name, address and date of birth. Identify each item, and attach to this application.</p>		<p>I. a. NAME (Print)</p> <p>D. ADDRESS</p> <p><b>Washington D.C.</b></p>			
<p>2. USE OF APPLICATION - Check one box below to indicate whether you wish this application to be considered for Foreign Service employment only, or for both Foreign Service and Departmental employment. Completion of this form is not required for Department employment only. Standard Form 57 must be filled out in any case.</p> <p><input checked="" type="checkbox"/> FOREIGN SERVICE ONLY      <input type="checkbox"/> FOREIGN SERVICE AND DEPARTMENTAL</p>					
<p>3. PERMANENT ADDRESS (Place from which you will expect transportation of self and household effects, if any, if appointed to the Foreign Service)</p> <p><b>Balboa, Canal Zone</b></p>					
<p>4. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED? (If a naturalized citizen, give place, date, and number of naturalization certificate. (Section II on Form 57).)</p> <p><b>NA</b></p>					
<p>5. a. ARE YOU NOW INVOLVED IN ANY LITIGATION OR SEPARATION AGREEMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO        b. DO YOU KNOW OF ANY PROSPECTIVE LITIGATION IN WHICH YOU MAY BE INVOLVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO        (Give details, if answer is yes to a. or b.)</p>					
<p>6. WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT FOR OVERSEAS EMPLOYMENT? (Exclusive of allowances) <b>\$</b> <b>PER YEAR</b></p>					
<p>7. WHAT RESTRICTIONS ARE THERE, IF ANY, ON YOUR IMMEDIATE AVAILABILITY FOR DUTY IN ANY PART OF THE WORLD?</p> <p><b>None</b></p>					
<p>S. a. FULL NAME OF SPOUSE (If wife, give maiden name) <b>None</b></p>		<p>b. DATE OF BIRTH</p>			
		<p>c. PLACE OF BIRTH (City, State or Province, and Country)</p>			
<p>d. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED?</p>		<p>e. IF NATURALIZED, GIVE PLACE, DATE, AND NO. OF NATURALIZATION CERTIFICATE.</p>			
<p>9. NAMES OF DEPENDENTS</p> <p><b>None</b></p>		<p>RELATIONSHIP</p>			
		<p>DATE OF BIRTH</p>			
		<p>WILL RESIDE WITH YOU OVERSEAS</p> <table border="1"> <tr> <td><input type="checkbox"/> YES</td> <td><input checked="" type="checkbox"/> NO</td> </tr> </table>		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO				
<p>10. a. FATHER'S NAME</p>		<p>b. PRESENT ADDRESS</p>			
		<p>c. PLACE OF BIRTH</p> <p><b>Auburn, N.Y.</b></p>			
<p>d. MOTHER'S NAME (Maiden)</p>		<p>e. PRESENT ADDRESS</p>			
		<p>f. PLACE OF BIRTH</p> <p><b>Auburn, N.Y.</b></p>			
<p>11. IF PARENTS BORN OUTSIDE THE UNITED STATES, DID THEY EVER OBTAIN UNITED STATES CITIZENSHIP? (Check before either)</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>					
<p>12. HAVE YOU EVER APPLIED FOR A POSITION WITH THE DEPARTMENT OF STATE OR TAKEN AN EXAMINATION FOR A POSITION WITH THE DEPARTMENT OF STATE?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "Yes" give date, nature of position applied for, and kind of examination taken, if any.</p>					

NAME			PAGE 1	
14. RELATED AND RESIDING IN FOREIGN COUNTRIES				
NAME	RELATIONSHIP	ADDRESS		
None				
15. FOREIGN LANGUAGES (Replace Item 19 on Form 57)				
Use and indicate the extent of your competence, i.e., Excellent, Good, Fair				
A. LANGUAGE	B. READ	C. WRITE	D. SPEAK	E. UNDERSTAND
Spanish	Good	Good	Good	Good
16. LIST PRESENT OR FORMER FOREIGN CONNECTIONS:				
A. BUSINESS				
B. EMPLOYMENT				
C. MILITARY				
17. DATES AND PLACES OF RESIDENCE FOR LAST 15 YEARS				
DATES	STREET AND NUMBER	CITY	STATE OR COUNTRY	
1949-52	0024 Arcacia Pl.	Balboa, Canal Zone	Panama	
1941-48	U.S. Army	U.S.	U.S.	
18. DOES YOUR FINANCIAL POSITION PERMIT DISCHARGE OF ALL DEBTS INCURRED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
IF "NO," STATE INFORMATION REQUESTED BELOW:				
NAMES OF CREDITORS	AMOUNTS DUE	DATES ON WHICH OBLIGATIONS WERE CONTRACTED		
19. HAVE YOU EVER BEEN MEDICALLY DISCHARGED FROM THE ARMED SERVICES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
IF "YES," GIVE DETAILS IN ITEM 39 OF FORM 57.				
20. PRESENT MILITARY STATUS				
A. ARE YOU REGISTERED WITH A SELECTIVE SERVICE BOARD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," STATE BELOW THE NUMBER AND ADDRESS OF THE BOARD, AND YOUR CLASSIFICATION:				
B. DO YOU HAVE A MILITARY RESERVE STATUS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," STATE BELOW, THE BRANCH OF SERVICE; YOUR SERIAL NUMBER; YOUR ORGANIZATION, UNIT AND HEADQUARTERS. MI Reserve -0-94652 - No organization				
C. LIST OTHER NAMES, IF ANY, BY WHICH YOU HAVE BEEN KNOWN INCLUDING MARRIED NAMES, IF MARRIED MORE THAN ONCE, GIVING DATE DURING WHICH NAMES WERE USED. DO NOT DUPLICATE INFORMATION SUPPLIED IN ITEM 16 OF FORM 57.				
None				
D. HAVE YOU EVER BEEN UNDER THE CIVIL SERVICE RETIREMENT SYSTEM? (33. SOCIAL SECURITY NUMBER, IF ANY) <b>Subject to Civil Service Retirement Act</b>				
E. If you believe the information you have supplied on this application does not fully show your qualifications for Foreign Service Employment, state in Item 39 of Form 57 or on a separate sheet, any additional appropriate data that you wish to have considered.				
DATE	APPROVAL			
September 19, 1952				

SECRET

1. NAME (Last, First, Middle)	2. DATE OF BIRTH	3. GRADE	
[Redacted]	[Redacted]	Cd-10	
4. OFFICE, DIVISION, BRANCH (OR OVERSEAS STATION AND DESCRIBING COVER OF TEMPORAL ASSIGNMENT)	5. PRESENT POSITION	6. EMPLOYEE EXTENSION	
DDP/SH/COO	Ops Officer	7481	
7. PROPOSED STATION	8. PROPOSED POSITION (Title, Number, Grade)		
[Redacted]	Chief of Station, O190		
9.	10. ESTIMATED DATE OF DEPARTURE	11. NO. OF DEPENDENTS TO ACCOMPANY	
	June 1969	2	
12. COMMENTS			
13. DATE OF REQUEST	14. SIGNATURE OF REQUESTING OFFICIAL	15. ROOM NUMBER AND BUILDING	16. EXTENSION
14 February 1969	[Redacted]	3 D 8309	4816
17. OFFICE OF MEDICAL SERVICES DISPOSITION			
MEDICALLY QUALIFIED FOR PROPOSED OS PCS			
18. OFFICE OF SECURITY DISPOSITION P 4 12 69			
19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION			
REQUEST FOR PCS OVERSEAS EVALUATION			

Form 259a 100-1000000-100

SECRET

[Redacted]

(6)

SECRET

(This Edition 2)

*See*

## QUALIFICATIONS UPDATE

## READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS.

*Note that your qualifications are a matter of computer record, they must be periodically updated. This is done automatically for much information; however, some must be obtained directly from you. This form is for that purpose. Section I must be completed in all cases. You need provide other information only if there have been changes since you submitted your Form 444, "Qualifications Supplement to the Personal History Statement," or a previous update form. If you are in doubt whether information has been previously submitted, enter it in the appropriate section. The signed and dated form should be returned through administrative channels to the File Room, Office of Personnel, Room SE-13 Headquarters, whether information is added or not. Additionally, a qualifications update may take place at any time there is information to be added or changed simply by completing and returning an update form on your initiative.*

## SECTION I

## BIOGRAPHIC AND POSITION DATA

EMP. SER. NO. 060389	NAME (Last-First-Middle)	DATE OF BIRTH
-------------------------	--------------------------	---------------

## SECTION II

## EDUCATION

## HIGH SCHOOL

LAST HIGH SCHOOL ATTENDED	ADDRESS (City, State, County)	YEARS ATTENDED (From-To):	GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO
---------------------------	-------------------------------	---------------------------	--

## COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		YEARS ATTENDED FROM - TO -	DEGREE RECEIVED	YEAR RECEIVED	NO. SEM/GRD. HRS. (Specify)
	MAJOR	MINOR				
1.						
2.						

*If a graduate degree has been noted above which required submission of a written thesis, indicate the title of the thesis and briefly describe its content.*

## TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO. OF MONTHS
----------------------------	-------------------------	------	----	---------------

## OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO. OF MONTHS
----------------------------	-------------------------	------	----	---------------

1.

2.

## SECTION III

## MARRITAL STATUS

1. PRESENT STATUS (Single, Married, Separated, Divorced, Annulled, Remarried) SPECIFY:			
2. NAME OF SPOUSE (Last) (First) (Middle)	(Married)		

3. DATE OF BIRTH	4. PLACE OF BIRTH (City, State, Country)			
------------------	--	--	--	--

5. OCCUPATION	6. PRESENT EMPLOYER			
---------------	---------------------	--	--	--

7. CITIZENSHIP	8. FORMER CITIZENSHIP (Country/ies)	9. DATE U.S. CITIZENSHIP ACQUIRED		
----------------	-------------------------------------	-----------------------------------	--	--

SECTION IV DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE				
NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP	PERMANENT ADDRESS
1. <input checked="" type="checkbox"/> Mrs. [REDACTED]	Mother-	[REDACTED]	[REDACTED]	Resides with me.
2. <input type="checkbox"/> Delete	In-law	Matanzas, Cuba	Cuban	
3. <input type="checkbox"/> Add				
4. <input type="checkbox"/> Delete				

SECRET

SECRET (SABRAN FORTIFIED BY)

SECTION V

## GEOGRAPHIC AREA, BOUNDARY AND FOREIGN TRAVEL

**SECTION VI**

## TYPING AND STENOGRAPHIC SKILLS

1. TYPING (PBM) 2. SHORTHAND (PBM) 3. INDICATE SHORTHAND SYSTEM USED WHERE (PBM) APPROPRIATE PBM OTHER SPECIFIC

## SECTION VII

#### **SPECIAL INDICATIONS**

SPECIAL QUALITY FUNCTIONS

SCIENCE VOL.

MILITARY SERVICE

**MILITARY SERVICE  
CURRENT DRAFT STATUS**

1. HAS YOUR SELECTIVE SERVICE CLASSIFICATION CHANGED?      2. NEW CLASSIFICATION

3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS      4. IF DEFERRED, GIVE REASONS

**MILITARY RESERVE - NATIONAL GUARD STATUS**

CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG

- ARMY       MARINE CORPS       COAST GUARD       NATIONAL GUARD  
 NAVY       AIR FORCE       AIR NATIONAL GUARD

- NATIONAL GUARD  
 AIR NATIONAL GUARD

1. CURRENT RANK, GRADE OR RATE 2. DATE OF APPOINTMENT IN CURRENT RANK 3. EXPIRATION DATE OF CURRENT COMMISSION

- CHECK CURRENT RESERVE CATEGORY  LEADY RESERVE  STANDARD (check all that apply)



**MILITARY SCHOOLS COMPLETED (Extended Active, Reserve Duty, or on Civilian)**

NAME AND ADDRESS OF SCHOOL		STUDY OR SPECIALIZATION	DATE COMPLETED	ACADEMIC YEAR
				AGENCY SPONSORED
<b>SECTION IX</b> PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS				
NAME AND CHAPTER		ADDRESS (Number, Street, City, State, County)	DATE OF MEMBERSHIP	
			FROM	TO

SECTION V

---

**PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS**

SECTION IX PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS		DATE OF MEMBERSHIP		
NAME AND CHAPTER	ADDRESS (Number, Street, City, State, Country)		FROM	TO

◎第六章

1 May 1967

SECRET

**SECRET**

WPAFB Form 10

OFFICIAL USE ONLY - DO NOT FILE IN

**QUALIFICATIONS SUPPLEMENT TO PERSONAL HISTORY STATEMENT**

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. USE PRINT. AVAIL ABLE IN EIGHT COLORED INKS.

<b>SECTION I</b>		<b>BIOGRAPHIC AND POSITION DATA</b>		
1. RAY SER NO	2. NAME (last first middle)	3. SEAT	4. DATE OF BIRTH	5. SCHEDULE GRADUATION
660389				05-15-04
6. DS	7. POSITION/TITLE	8. OFFICE OF ASSIGNMENT	9. GRADE	10. GRADE ON
D	DPS OFFICER D CH		WASH, D.C.	

<b>SECTION II</b>		<b>AGENCY OVERSEAS SERVICE</b>		
AREA	PERIOD	FROM	TO	
CUEA WESTERN HEMISPHERE	SCS CC TOY CC PCS RR TOY 45 TOY PR TOY PR TOY RR	63/01/17 59/08/18 60/11/03 66/02/14 66/05/20 66/08/01 66/10/12	58/11/30 59/06/27 65/11/29 66/02/19 66/09/30 66/08/13 66/10/15	
EUROPEAN AREA EUROPEAN AREA WESTERN HEMISPHERE	" "	66/12/05	66/12/74	

<b>OVERSEAS DATA</b>			
CODED			
DATE:	INITIALS:		
2 Jun 67 MRS			
<b>SECTION III</b>			
<b>EDUCATION</b>			
DEGREE	MAJOR FIELD	COLLEGE	YEAR
NO COLLEGE DEGREE ON RECORD			

**SECRET**

WPAFB Form 10

07 JUN 1960

20-21



SECRET

14 Aug 1980

~~SECRET~~

7

## C O N F I D E N T I A L

DATE: 15 September 1958

PROT: 8-321

TO : Chief, WH

Director of Security

Director of Personnel

FROM : Chief, Communications Security Division

SUBJECT : Notification of Cryptographic Clearance - 

1. Subject employee has been granted a cryptographic clearance under the provisions of CIA Regulation 90-500. Clearance is effective  
16 August 1958.

2. Subject has been informed of the granting of clearances, has been briefed concerning cryptographic and related communications security matters, and has signed a Briefing Statement acknowledging responsibility for the protection of cryptographic information.

3. When Subject employee no longer requires the clearance in order to perform his assigned duties, it is requested that the Communications Security Division (4411 I Bldg., Ext. 3021) be notified by WH that the clearance may be revoked.

FOR CHIEF, COMMUNICATIONS:

  
Chief, Protective Branch

## Distribution:

1 - WH

1 - Security Office (Briefing Statement attached)

1 - Personnel (Wing 1-H Curio Hall)

1 - OC-S/PROT File

C O N F I D E N T I A L

STANDARD FORM 57 - NOV 1947  
U.S. CIVIL SERVICE COMMISSION

## APPLICATION FOR FEDERAL EMPLOYMENT

**INSTRUCTIONS:** In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Fill in all spaces and write or print in INK. In applying for a written United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WRITTEN examination, follow the

directions on the attached card regarding disposition of this application. If you are applying for an ORAL TYPE EXAMINATION, mail this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.

<b>APPLICATION NO.</b>  <b>ANNOUNCEMENT</b>	<b>1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR</b> <input type="text"/> <b>2. OPTION(S) (if mentioned in examination announcement)</b> <input type="checkbox"/> <b>3. PLACE OF EMPLOYMENT APPLIED FOR (City and State)</b> <input type="text"/> <b>4. DATE OF THIS APPLICATION</b> <input type="text"/> <b>Oct 4, 1952</b> <b>5. MR. (First name) MRS. (Middle) MRS. (Last)</b> <input type="text"/> <input type="text"/> <input type="text"/> <b>6. (a) STREET AND NUMBER OR R. D. NUMBER</b> <input type="text"/> <b>(b) CITY OR POST OFFICE (including postal zone) AND STATE</b> <input type="text"/> <b>District of Columbia, D.C.</b> <b>7. LEGAL OR VOTING RESIDENCE (State)</b> <b>8. (a) OFFICE WHERE</b> <b>(b) HOME ADDRESS</b> <input type="text"/> <input type="text"/> <b>New York</b> <b>Holiday 3467</b> <b>9. DATE OF BIRTH (month, day, year)</b> <b>10. (a) MARRIED</b> <b>(b) SINGLE</b> <input type="text"/> <input type="checkbox"/> <input type="checkbox"/> <b>11. PLACE OF BIRTH (city and State, if born outside U.S., name city and country)</b> <input type="text"/> <b>Auburn, N.Y.</b> <b>12. (a) MALE</b> <b>(b) HEIGHT WITHOUT SHOES</b> <b>(c) WEIGHT</b> <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <b>6 FEET . . . . . INCHES 172 POUNDS</b>				<b>DO NOT WRITE IN THIS BLOCK</b> <b>For Use of Civil Service Commission Only</b> <table border="1" style="width: 100px;"> <tr> <td style="width: 50px; padding: 2px;">SIGNED</td> <td style="width: 50px; padding: 2px;">MATERIAL</td> <td style="width: 50px; padding: 2px;">ENTERED REGISTER</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"><input type="checkbox"/> SUBMITTED</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> NOT APPROVED</td> <td style="padding: 2px;"><input type="checkbox"/> RETURNED</td> <td style="padding: 2px;"></td> </tr> </table> <b>13. (a) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>(b) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE</b> <input type="text"/> <b>GS-12 Feb. 1952</b>			SIGNED	MATERIAL	ENTERED REGISTER	<input type="checkbox"/>	<input type="checkbox"/> SUBMITTED	<input type="checkbox"/>	<input type="checkbox"/> NOT APPROVED	<input type="checkbox"/> RETURNED		<b>APPROVED</b> <table border="1" style="width: 100px; margin-top: 10px;"> <thead> <tr> <th style="width: 20px; text-align: center;">OPTION</th> <th style="width: 20px; text-align: center;">GRADE</th> <th style="width: 20px; text-align: center;">EARNED RATING</th> <th style="width: 20px; text-align: center;">PREFERENCE</th> <th style="width: 20px; text-align: center;">AUGM. RATING</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;">9 POINTS (TENT)</td> <td style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;">10 POINTS</td> <td style="text-align: center;">WIFE OR WIDOW</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;">DISAB.</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;">BEING INVESTIGATED</td> </tr> </tbody> </table>			OPTION	GRADE	EARNED RATING	PREFERENCE	AUGM. RATING				9 POINTS (TENT)					10 POINTS	WIFE OR WIDOW					DISAB.					BEING INVESTIGATED
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					BEING INVESTIGATED																																							
	<b>14. (a) CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED.</b> <input type="checkbox"/> IN WASHINGTON, D.C. <input type="checkbox"/> ANYWHERE IN THE UNITED STATES <input checked="" type="checkbox"/> OUTSIDE THE UNITED STATES <b>(b) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS</b>  <b>15. (a) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$ . . . . . PER YEAR</b> <i>Your will not be considered for any position with a lower entrance salary.</i> <b>(b) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT, IF OFFERED, FOR</b> <input type="checkbox"/> 1 TO 3 MONTHS <input type="checkbox"/> 3 TO 6 MONTHS <input type="checkbox"/> 6 TO 12 MONTHS <b>NOTE. Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probationary appointment</b> <b>(c) IF YOU ARE WILLING TO TRAVEL, SPECIFY</b> <input type="checkbox"/> OCCASIONALLY <input type="checkbox"/> FREQUENTLY <input type="checkbox"/> CONTINUALLY	<b>16. EXPERIENCE.</b> It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing officer or agency to give you full credit in determining your qualifications. Use a separate sheet for each position held, and list the present position first. Do not include experience gained during the period of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the boxes. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, welfare or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the spaces below in its proper sequence. (a) If you were ever employed in any position under a name different from that shown in Item 5 of this application, give under "Description of your work" for each position the name used. (b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."																																										
<b>PRESENT POSITION</b>																																												
<b>DATES OF EMPLOYMENT (month, year)</b> <b>FROM July 1948 TO PRESENT TIME</b>		<b>EXACT TITLE OF YOUR PRESENT POSITION</b> <b>Governor's Staff</b>		<b>CLASSIFICATION GRADE (if Federal Service)</b> <b>GS-2</b>	<b>SALARY OR EARNINGS</b> <b>STARTING \$ 2970 PER YR.</b> <b>PRES. \$ 820 PER YR.</b>																																							
<b>PLACE OF EMPLOYMENT (city and state)</b> <b>Balboa Hotel, Canal Zone</b> <small>NAME AND ADDRESS OF THE ORGANIZATION, OR PERSON, OF FEDERAL GOVERNMENT, BOARD, OR ESTABLISHMENT, AND DATES</small> <b>Canal Zone Government</b> <b>Balboa Hotel, Canal Zone</b> <small>NAME AND ADDRESS OF THE SUPERVISOR OR SUPERVISORS</small>																																												
<b>NAME AND TITLE OF IMMEDIATE SUPERVISOR</b> <b>Governor Francis Howesber</b> <small>NAME OF BUSINESS OR ORGANIZATION (e.g., wholesale job, insurance agency, manufacturer of oil, etc.)</small> <b>Agency of Federal Government operating Panama Canal</b> <small>REASON FOR REMOVAL FROM CURRENT EMPLOYMENT</small> <b>Career in Foreign Service</b>																																												
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(CONTINUED)			
<b>(2)</b> DATES OF EMPLOYMENT (month, year) FROM 9/8/1941 TO 6/30/42		EXACT TITLE OF YOUR POSITION 1st Lt.	CLASSIFICATION GRADE (if in Federal service)
			PER DI <sup>M</sup> PER DI <sup>M</sup>
PLACE OF EMPLOYMENT (city and State)  U.S. and Panama		NAME AND TITLE OF IMMEDIATE SUPERVISOR Various	SALARY OR EARNINGS STARTING \$ 220 FINAL \$ 280
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name, department, bureau or establishment, and division) U.S. Army		NAME OF BUSINESS OR ORGANIZATION (e.g., wholesale jobb., insurance agency, manufacturer of books, etc.) 151 Mary	
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU 0 to 50		REASON FOR LEAVING Sgt. (Honorable)	
DESCRIPTION OF YOUR WORK  Enlisted man and later officer in G-2 Section, U.S. Army			
<b>(3)</b> DATES OF EMPLOYMENT (month, year) FROM 10/34 TO 6/41		EXACT TITLE OF YOUR POSITION Ass't Mgr.	CLASSIFICATION GRADE (if in Federal service)
			PER DI <sup>M</sup> PER DI <sup>M</sup>
PLACE OF EMPLOYMENT (city and State)  Auburn, N.Y.		NAME AND TITLE OF IMMEDIATE SUPERVISOR - Owner, M.W.T.	
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name, department, bureau or establishment, and division)		NAME OF BUSINESS OR ORGANIZATION (e.g., wholesale jobb., insurance agency, manufacturer of books, etc.) Elec. Cont. and Supply Co.	
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU 3 - 10		REASON FOR LEAVING Military Service	
DESCRIPTION OF YOUR WORK  Buyer and merchandise man for electrical appliances and contracting supplies.			
<b>(4)</b> DATES OF EMPLOYMENT (month, year) FROM TO		EXACT TITLE OF YOUR POSITION	CLASSIFICATION GRADE (if in Federal service)
			PER DI <sup>M</sup> PER DI <sup>M</sup>
PLACE OF EMPLOYMENT (city and State)		NAME AND TITLE OF IMMEDIATE SUPERVISOR	
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name, department, bureau or establishment, and division)		NAME OF BUSINESS OR ORGANIZATION (e.g., wholesale jobb., insurance agency, manufacturer of books, etc.)	
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING	
DESCRIPTION OF YOUR WORK			

(5) DATES OF EMPLOYMENT (Month, year) FROM TO		EXACT TITLE OF YOUR POSITION		CLASSIFIED <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DATE OF CLASSIFICATION DATE OF EXPIRATION STARTING DATE FINAL DATE	PER PER																															
PLACE OF EMPLOYMENT (City and State)				NAME AND TITLE OF IMMEDIATE SUPERVISOR																																	
NAME AND ADDRESS OF EMPLOYER (firm, organization, or division, if Federal, name, department, Bureau or establishment, and division)				NAME OF BUSINESS OR ORGANIZATION (e.g., wholesale mill, insurance agency, manufacturer of trucks, etc.)																																	
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU				REASON FOR LEAVING																																	
DESCRIPTION OF YOUR WORK																																					
<p>If more space is required, use a continuation sheet (Standard Form No. 34) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to end of this application.</p> <p>17. MILITARY TRAINING. In the space below, describe any training received in the Armed Forces (not already listed under Item 16) that would assist appointing officers in placing you most effectively. Indicate actual amount of training received, such as hours per week. Detailed information regarding any special service schools you attended is especially important. (Both pages may be used to give full descriptions.)</p> <table border="1"> <thead> <tr> <th>DATES</th> <th>LOCATION</th> <th>DESCRIPTION OF TRAINING</th> </tr> </thead> <tbody> <tr> <td>Sep. '42</td> <td>Nov. '42</td> <td>Camp Pickett, Va. Basic training</td> </tr> <tr> <td>Nov. '42</td> <td>Jan. '43</td> <td>Baltimore, Md. Inf. det. tr.</td> </tr> <tr> <td>Sep. '43</td> <td>Oct. '43</td> <td>Chicago, Ill. Av. tr.</td> </tr> <tr> <td>Aug. '44</td> <td>Jan. '44</td> <td>Ogden, Utah Spec. AAF training</td> </tr> </tbody> </table>							DATES	LOCATION	DESCRIPTION OF TRAINING	Sep. '42	Nov. '42	Camp Pickett, Va. Basic training	Nov. '42	Jan. '43	Baltimore, Md. Inf. det. tr.	Sep. '43	Oct. '43	Chicago, Ill. Av. tr.	Aug. '44	Jan. '44	Ogden, Utah Spec. AAF training																
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<p>18. EDUCATION (Circle highest grade completed):</p> <p>1 2 3 4 5 6 7 8 9 10 11 12</p> <p>MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF</p> <p><input type="checkbox"/> ELEMENTARY SCHOOL <input type="checkbox"/> JUNIOR HIGH SCHOOL <input checked="" type="checkbox"/> SENIOR HIGH SCHOOL</p>				<p>(A) GIVE NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED</p> <p>Auburn Senior High School, Auburn, N.Y.</p> <p>(B) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED</p> <table border="1"> <thead> <tr> <th rowspan="2">(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY</th> <th rowspan="2">MAJOR AND SPECIALTY</th> <th>DATES ATTENDED</th> <th>YEARS COMPLETED</th> <th>DEGREES CONFERRED</th> <th>SEMESTER HOURS CREDIT</th> </tr> <tr> <th>FROM</th> <th>TO</th> <th>DAY</th> <th>NIGHT</th> <th>TITLE</th> <th>DATE</th> </tr> </thead> <tbody> <tr> <td>Loyola College, Baltimore</td> <td>politics</td> <td>9/47</td> <td>6/48</td> <td>1</td> <td></td> </tr> </tbody> </table> <p>(D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS</p> <table border="1"> <thead> <tr> <th>SUBJECTS STUDIED</th> <th>SEMESTER HOURS</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table> <p>(E) OTHER TRAINING SUCH AS VOCATIONAL, BUSINESS, STUDY COURSES GIVEN THROUGH THE ARMED FORCES INSTITUTE (SHOW NAME AND LOCATION OF SCHOOL) OR "IN SERVICE TRAINING" IN PUBLIC OR PRIVATE EMPLOYMENT</p> <table border="1"> <thead> <tr> <th>SUBJECTS STUDIED</th> <th>DATES ATTENDED</th> <th>YEARS COMPLETED</th> </tr> </thead> <tbody> <tr> <td></td> <td>FROM</td> <td>TO</td> </tr> <tr> <td></td> <td>DAY</td> <td>NIGHT</td> </tr> </tbody> </table>			(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY	MAJOR AND SPECIALTY	DATES ATTENDED	YEARS COMPLETED	DEGREES CONFERRED	SEMESTER HOURS CREDIT	FROM	TO	DAY	NIGHT	TITLE	DATE	Loyola College, Baltimore	politics	9/47	6/48	1		SUBJECTS STUDIED	SEMESTER HOURS			SUBJECTS STUDIED	DATES ATTENDED	YEARS COMPLETED		FROM	TO		DAY	NIGHT
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<p>19. INDICATE YOUR PROFICIENCY OF FOREIGN LANGUAGES</p> <p>See Item 16 (2)</p> <p>20. IF YOU HAVE TRAVELED OR RESIDED IN ANY FOREIGN COUNTRIES, INDICATE (1) NAMES OF COUNTRIES (STATES) AND LENGTH OF TIME SPENT THERE; AND (2) REASONS FOR PURPOSE (e.g., MIGRATORY SERVICE, BUSINESS, EDUCATION, FOLLOWS BOSS)</p> <p>See Item 16 (2)</p> <p>21. LIST ANY SPECIAL SKILLS AND MACHINES AND EQUIPMENT YOU CAN USE SUCH AS OPERATOR OF THREE WIRE RADAR, MULTICRIMSON, COMPUTER, KEY-PUNCH, TURBO-LATHE, THERMOCOUPLE, PROFESSIONAL DRILLING</p> <p>XEROX</p>				<p>22. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (SUCH AS PILOT, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, ETC.)?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO GIVE KIND OF LICENSE AND STATE</p> <p>FIRST LICENSE OR CERTIFICATE (YEAR)</p> <p>LATEST LICENSE OR CERTIFICATE (YEAR)</p> <p>23. GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION SUCH AS (1) YOUR MOST IMPORTANT PUBLICATIONS (DO NOT SUBMIT COPIES UNLESS REQUESTED) (2) YOUR PATENTS OR INVENTIONS (3) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE (4) MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC SOCIETIES, ETC. (5) AWARDS AND FELLOWSHIPS RECEIVED</p> <p>NONE</p>																																	
APPROXIMATE NUMBER OF WORDS PER PAGE TO BE TYPEWRITTEN																																					
BROTHMAN																																					

24. REFERENT: List three persons living in the United States or Territories of the United States who are thoroughly trusted to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 16 (EXPERIENCE).

FULL NAME		(Give complete current address, including street and number)	BUSINESS OR OCCUPATION
1.	[Redacted]	Harrisburg, Pa.	Personnel Mgr.
2.	[Redacted]	San Francisco, Calif.	Attorney
3.	[Redacted]	Balboa, Canal Zone	Businessman

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN

YES NO

25. MAY YOU BE Hired OR YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS, ETC. ....

X

26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES? ....

X

27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U.S.A. OR ANY COMMUNIST ORGANIZATION? ....

X

28. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION? ....

X

29. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, OR GROUP, OR COMBINATION OF PERSONS WHICH ADVOCATES THE REJECTION OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, POLITICAL PARTIES, CANDIDATES, OR POLITICAL IDEAS, OR WHICH ADVOCATES THE USE OF FORCE, OR VIOLENCE, TO DENY OTHER PEOPLE THEIR RIGHTS, BASED ON THE CONSTITUTION OF THE UNITED STATES OR GOV'T. IN ALTERING THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS? ....

X

If your answer to question 27, 28, or 29 above is "yes," state in Item 39 the names of all such organizations, associations, movements, groups, or combinations of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein.

X

30. SINCE YOUR 18TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED OR DOWNGRADED, ISSUED A CITATION, IN A CRIMINAL PROSECUTION OR CONVICTION, FINED, OR FORCED TO PAY A FINE, OR HAD A JAIL SENTENCE, OR BEEN SUBJECT TO LOSS OF BAIL OR COLLATERAL, WITH THE EXCEPTION OF A V.I.P. (A POLICE MEDIATION OR ORDINANCE) (EXCLUDING MOTOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORFEITURE OF \$25 OR LESS HAS BEEN IMPOSED). ....

X

If your answer is "Yes," list all such cases under Item 39 below. Give in each case (1) the date, (2) the nature of the offense or violation, (3) the name and location of the court, (4) the penalty imposed, if any, or other disposition of the case. If arrested, your fingerprints will be taken.

X

31. HAVE YOU BEEN DISCHARGED OR FORCED TO RESIGN, FOR MISCONDUCT, OR DISAPPROPRIATE SERVICE FROM ANY POSITION? ....

X

If your answer is "Yes," give in Item 39 the name and address of employer, date, and reason in each case.

X

32. HAVE YOU BEEN BARRED BY THE U.S. CIVIL SERVICE COMMISSION FROM TAKING LEAVES OF ABSENCE OR ACCEPTING CIVIL SERVICE APPOINTMENTS? ....

X

If your answer is "Yes," give dates of and reasons for such debarments in Item 39.

X

33. HAVE YOU, AS A PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK? ....

X

If your answer is "Yes," give complete details in Item 39 so that consideration can be given to your physical fitness for the job.

X

34. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA, OR RETIREMENT UNDER THE RETIREMENT ACT, OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? ....

X

If your answer is "Yes," give complete details in Item 39.

X

35. ARE YOU AN OFFICER IN THE UNITED STATES AIR FORCE, MARINE CORPS, COAST GUARD, OR NATIONAL GUARD? ....

X

If your answer is "Yes," give complete details in Item 39.

X

36. ARE YOU A MEMBER OF THE UNITED STATES NAVY, COAST GUARD, OR MARINE CORPS? ....

X

If your answer is "Yes," give complete details in Item 39.

X

37. ARE YOU A MEMBER OF THE UNITED STATES AIR FORCE, MARINE CORPS, COAST GUARD, OR NATIONAL GUARD? ....

X

If your answer is "Yes," give complete details in Item 39.

X

38. ARE YOU A MEMBER OF THE UNITED STATES NAVY, COAST GUARD, OR MARINE CORPS? ....

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If your answer is "Yes," give complete details in Item 39.

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39. ARE YOU A MEMBER OF THE UNITED STATES AIR FORCE, MARINE CORPS, COAST GUARD, OR NATIONAL GUARD? ....

X

If your answer is "Yes," give complete details in Item 39.

X

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If your answer is "Yes," give complete details in Item 39.

X

41. ARE YOU A MEMBER OF THE UNITED STATES AIR FORCE, MARINE CORPS, COAST GUARD, OR NATIONAL GUARD? ....

X

If your answer is "Yes," give complete details in Item 39.

X

42. ARE YOU A MEMBER OF THE UNITED STATES NAVY, COAST GUARD, OR MARINE CORPS? ....

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If your answer is "Yes," give complete details in Item 39.

X

43. ARE YOU A MEMBER OF THE UNITED STATES AIR FORCE, MARINE CORPS, COAST GUARD, OR NATIONAL GUARD? ....

X

If your answer is "Yes," give complete details in Item 39.

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If your answer is "Yes," give complete details in Item 39.

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If your answer is "Yes," give complete details in Item 39.

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If your answer is "Yes," give complete details in Item 39.

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X

If your answer is "Yes," give complete details in Item 39.

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48. ARE YOU A MEMBER OF THE UNITED STATES NAVY, COAST GUARD, OR MARINE CORPS? ....

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If your answer is "Yes," give complete details in Item 39.

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49. ARE YOU A MEMBER OF THE UNITED STATES AIR FORCE, MARINE CORPS, COAST GUARD, OR NATIONAL GUARD? ....

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50. ARE YOU A MEMBER OF THE UNITED STATES NAVY, COAST GUARD, OR MARINE CORPS? ....

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If your answer is "Yes," give complete details in Item 39.

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51. ARE YOU A MEMBER OF THE UNITED STATES AIR FORCE, MARINE CORPS, COAST GUARD, OR NATIONAL GUARD? ....

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If your answer is "Yes," give complete details in Item 39.

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52. ARE YOU A MEMBER OF THE UNITED STATES NAVY, COAST GUARD, OR MARINE CORPS? ....

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If your answer is "Yes," give complete details in Item 39.

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53. ARE YOU A MEMBER OF THE UNITED STATES AIR FORCE, MARINE CORPS, COAST GUARD, OR NATIONAL GUARD? ....

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If your answer is "Yes," give complete details in Item 39.

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54. ARE YOU A MEMBER OF THE UNITED STATES NAVY, COAST GUARD, OR MARINE CORPS? ....

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If your answer is "Yes," give complete details in Item 39.

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If your answer is "Yes," give complete details in Item 39.

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If your answer is "Yes," give complete details in Item 39.

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If your answer is "Yes," give complete details in Item 39.

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64. ARE YOU A MEMBER OF THE UNITED STATES NAVY, COAST GUARD, OR MARINE CORPS? ....

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If your answer is "Yes," give complete details in Item 39.

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If your answer is "Yes," give complete details in Item 39.

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If your answer is "Yes," give complete details in Item 39.

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If your answer is "Yes," give complete details in Item 39.

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If your answer is "Yes," give complete details in Item 39.

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70. ARE YOU A MEMBER OF THE UNITED STATES NAVY, COAST GUARD, OR MARINE CORPS? ....

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If your answer is "Yes," give complete details in Item 39.

X

71. ARE YOU A MEMBER OF THE UNITED STATES AIR FORCE, MARINE CORPS, COAST GUARD, OR NATIONAL GUARD? ....

X

If your answer is "Yes," give complete details in Item 39.

X

72. ARE YOU A MEMBER OF THE UNITED STATES NAVY, COAST GUARD, OR MARINE CORPS? ....

X

If your answer is "Yes," give complete details in Item 39.

X

73. ARE YOU A MEMBER OF THE UNITED STATES AIR FORCE, MARINE CORPS, COAST GUARD, OR NATIONAL GUARD? ....

X

If your answer is "Yes," give complete details in Item 39.

X

74. ARE YOU A MEMBER OF THE UNITED STATES NAVY, COAST GUARD, OR MARINE CORPS? ....

X

If your answer is "Yes," give complete details in Item 39.

X

75. ARE YOU A MEMBER OF THE UNITED STATES AIR FORCE, MARINE CORPS, COAST GUARD, OR NATIONAL GUARD? ....

X

If your answer is "Yes," give complete details in Item 39.

X

76. ARE YOU A MEMBER OF THE UNITED STATES NAVY, COAST GUARD, OR MARINE CORPS? ....

X

If your answer is "Yes," give complete details in Item 39.

X

77. ARE YOU A MEMBER OF THE UNITED STATES AIR FORCE, MARINE CORPS, COAST GUARD, OR NATIONAL GUARD? ....

X

If your answer is "Yes," give complete details in Item 39.

X

78. ARE YOU A MEMBER OF THE UNITED STATES NAVY, COAST GUARD, OR MARINE CORPS? ....

X

If your answer is "Yes," give complete details in Item 39.

X

79. ARE YOU A MEMBER OF THE UNITED STATES AIR FORCE, MARINE CORPS, COAST GUARD, OR NATIONAL GUARD? ....

X

If your answer is "Yes," give complete details in Item 39.

X

80. ARE YOU A MEMBER OF THE UNITED STATES NAVY, COAST GUARD, OR MARINE CORPS? ....

X

If your answer is "Yes," give complete details in Item 39.

X

81. ARE YOU A MEMBER OF THE UNITED STATES AIR FORCE, MARINE CORPS, COAST GUARD, OR NATIONAL GUARD? ....

X

If your answer is "Yes," give complete details in Item 39.

X

82. ARE YOU A MEMBER OF THE UNITED STATES NAVY, COAST GUARD, OR MARINE CORPS? ....

X

If your answer is "Yes," give complete details in Item 39.

X

STANDARD FORM 57 NOV 1947 U.S. CIVIL SERVICE COMMISSION		CAT'Y FOR FEDERAL EMPLOYEES																									
<p><b>INSTRUCTIONS:</b> In order to prevent delay in processing of your application, answer every question that can be clearly and concisely. The entire application must be typed or printed in INK. To apply for a specific United States Civil Service position, read the conditions of appointment carefully and follow all directions. If you are applying for a <b>WILDLIFE</b> examination, follow the instructions given in the <b>WILDLIFE</b> section.</p> <p>Name of examination desired or position applied for <b>Intelligence Officer</b></p> <p>Address (mentioning in examination question elements)</p> <p>3. PLACE OF ENVIRONMENT APPLIED FOR (City and State)      4. DATE OF THIS APPLICATION Balboa, Canal Zone      14 July 1950</p> <p>5. HOME ADDRESS (Street number) (Maiden, if any) (City) New York      31008      Balboa</p> <p>6. (a) STREET ADDRESS (number) (Maiden, if any) (City) Balboa, Canal Zone</p> <p>7. LOCAL OR RESIDENTIAL ADDRESS (Street number) (Maiden, if any) (City) New York      31008      Balboa</p> <p>8. DATE OF BIRTH (month, day, year) 10      <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE</p> <p>11. PLACE OF BIRTH (city and State, if born outside U.S., name city and country) Auburn, New York</p> <p>12. (a) HEIGHT WITHOUT SHOES      (b) WEIGHT <input checked="" type="checkbox"/> MALE      5' 10" FEET      174 POUNDS <input type="checkbox"/> FEMALE      5' FEET      0 INCHES</p> <p>13. (a) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (b) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE GS-9, July 1950</p> <p>14. (a) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? <b>1...6,000....</b> per year You will not be considered for any position with a lower entrance salary. (b) CHECK IF YOU WILL ACCEPT SHORT TERM APPOINTMENT, IF OFFERED, FOR: <input type="checkbox"/> 1 TO 3 MONTHS      <input type="checkbox"/> 3 TO 6 MONTHS      <input type="checkbox"/> 6 TO 12 MONTHS NOTE: Acceptance or refusal of temporary short-term appointment will not affect your opportunity to obtain a probationary appointment.</p> <p>(c) IF YOU ARE WILLING TO TRAVEL, SPECIFY: <input type="checkbox"/> OCCASIONALLY      <input checked="" type="checkbox"/> FREQUENTLY      <input checked="" type="checkbox"/> CONSTANTLY</p> <p>15. EXPERIENCE: It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing officer to evaluate your qualifications fully in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the spaces below in its proper sequence.</p> <p>(a) If you were ever employed in any position under a name different from that shown in Item 3 of this application, give under "Description of your work" for each position, the name used. (b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."</p> <p><b>PRESENT POSITION</b></p> <p>DATES OF EMPLOYMENT (month, year) FROM February 1949 TO PRESENT TIME PLACE OF EMPLOYMENT (city and State) Balboa Mts., Canal Zone</p> <p>NAME AND ADDRESS OF EMPLOYER (firm, organization, or personnel of Federal name department, bureau or establishment, and division) Civil Intelligence Branch, Executive Dept., The Panama Canal Navy Department, Government of the United States In absence of chief—<b>1st clerks, stenos &amp; typewriters</b></p> <p>DESCRIPTION OF YOUR WORK Intelligence investigations of employees of the Panama Canal-Railroad and of incidents within the Canal Zone of a suspected sabotage or espionage nature.</p> <p>DO NOT WRITE IN THIS BLOCK For Use of Civil Service Commission Only</p> <table border="1"> <tr> <td>APPROVED</td> <td>EXAMINER</td> <td>EXAMINER REGISTER</td> </tr> <tr> <td><input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> SUBMITTED <input type="checkbox"/> RETURNED</td> <td>APR. 1950</td> <td>APR. 1950</td> </tr> <tr> <td>APPROVED</td> <td>GRADE</td> <td>RATED D. RATING</td> </tr> <tr> <td><input type="checkbox"/> 8 POINTS ITEM 1</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> 10 POINTS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WIFE OR WIDOW</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> DISAL.</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> BEING INVESTIGATED</td> <td></td> <td></td> </tr> </table>				APPROVED	EXAMINER	EXAMINER REGISTER	<input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> SUBMITTED <input type="checkbox"/> RETURNED	APR. 1950	APR. 1950	APPROVED	GRADE	RATED D. RATING	<input type="checkbox"/> 8 POINTS ITEM 1			<input type="checkbox"/> 10 POINTS			<input type="checkbox"/> WIFE OR WIDOW			<input type="checkbox"/> DISAL.			<input type="checkbox"/> BEING INVESTIGATED		
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(CONTINUED ON NEXT PAGE)

② DATES OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION		CLASSIFICATION GRADE (if in Federal service)		SALARY OR EARNINGS	
FROM: May 11 (App) to Sept. 42	TO: <input type="text"/>	Electrician		CLASSIFICATION GRADE (if in Federal service)	STARTING \$ 58	PER WK	\$ 58
PLACE OF EMPLOYMENT (City and State)		NAME AND TITLE OF IMMEDIATE SUPERVISOR		KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale sale, insurance agency, manufacturer of tools, etc.)			
Baltimore, Maryland.		<input type="text"/>		Can not recall			
NAME AND TITLE OF IMMEDIATE SUPERVISOR (firm, organization, or person, if Federal, name department, bureau or establishment, and division)		REASON FOR LEAVING		Electrical Contracting			
H. Enterprise Elec. Co.		<input type="text"/>		Employed in the capacity of a mechanic. Actual duties consisted mostly of final checkout and inspection of electrical installations on defense housing projects in Balto. area.			
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING		Initiated in AUS			
2-4, helpers and clerks.		<input type="text"/>					
DESCRIPTION OF YOUR DUTIES		REASON FOR LEAVING					
Employed in the capacity of a mechanic. Actual duties consisted mostly of final checkout and inspection of electrical installations on defense housing projects in Balto. area.		<input type="text"/>					
③ DATES OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION		CLASSIFICATION GRADE (if in Federal service)		SALARY OR EARNINGS	
FROM: May 11 (App) to Apr. 42	TO: <input type="text"/>	Electrician		CLASSIFICATION GRADE (if in Federal service)	STARTING \$ 110	PER WK	\$ 110
PLACE OF EMPLOYMENT (City and State)		NAME AND TITLE OF IMMEDIATE SUPERVISOR		KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale sale, insurance agency, manufacturer of tools, etc.)			
Baltimore, Maryland		<input type="text"/>		Supt.			
NAME AND TITLE OF IMMEDIATE SUPERVISOR (firm, organization, or person, if Federal, name department, bureau or establishment, and division)		REASON FOR LEAVING		Construction corporation			
H.B. Crook Co., Balto., Md.		<input type="text"/>		Termination of defense contract			
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING					
1-3, assistants		<input type="text"/>					
DESCRIPTION OF YOUR DUTIES		REASON FOR LEAVING					
Employed as an electrician on defense contracts. Handled material and supplies.		<input type="text"/>					
④ DATES OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION		CLASSIFICATION GRADE (if in Federal service)		SALARY OR EARNINGS	
FROM: July 1923 to Apr. 1942	TO: <input type="text"/>	Ass't Mgr.		CLASSIFICATION GRADE (if in Federal service)	STARTING \$ 20	PER WK	\$ 50
PLACE OF EMPLOYMENT (City and State)		NAME AND TITLE OF IMMEDIATE SUPERVISOR		KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale sale, insurance agency, manufacturer of tools, etc.)			
Auburn, New York		<input type="text"/>		owner (father)			
NAME AND TITLE OF IMMEDIATE SUPERVISOR (firm, organization, or person, if Federal, name department, bureau or establishment, and division)		REASON FOR LEAVING		Electrical Contracting & Supplies.			
<input type="text"/>		<input type="text"/>		self betterment			
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING					
2-8, salesman and mechanics		<input type="text"/>					
DESCRIPTION OF YOUR DUTIES		REASON FOR LEAVING					
Entered business as stock and supply clerk, later became salesman and in charge of a group of outdoor salesmen. Advanced to Ass't manager where I was responsible for wholesale buying of contracting supplies and appliances.		<input type="text"/>					



24. REFERENCE: List three persons living in the United States or Territories of the United States who are NOT relatives of yours and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 16 (EMPLOYERS).

ITEM NO.	FULL NAME	ADDRESS	BUSINESS OR OCCUPATION
1	[Redacted]	[Redacted]	Walton, M. Attorney
2	[Redacted]	[Redacted]	los Angeles, Calif. Salesman
3	[Redacted]	[Redacted]	Harrisburg, Pa. Personnel Mgr.

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
25. MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS, ETC?	X		36. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?		X
26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	X		37. ARE THE UNITED STATES GOVERNMENT EMPLOYEE IN A CIVILIAN CAPACITY AND P-LEVEL OF YOUR GOVERNMENT MARRIED) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE LAST 24 MONTHS?		X
27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY (U. S. A.) OR ANY COMMUNIST ORGANIZATION?	X		If your answer is "Yes," give details in Item 38.		
28. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF A FASCIST ORGANIZATION?	X		38. If your answer is "Yes," give details in Item 39.		

29. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH HAS VIOLATED THE LAW, OR WHICH HAS CONSPIRED TO VIOLATE THE LAW, OR WHICH IS AN ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH HAS ADDED A POLICY OF ADVICE-SEEKING OR ADVISING THE COMMISION OF ACTS OF FORCE OR VIOLENCE TO ANY OTHER PERSONS, THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR FOR SEEKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?	X		SPECIAL INSTRUCTIONS FOR CLAIMING VETERAN PREFERENCE	
If your answer to question 27, 28, or 29 above is "Yes," state in Item 39 the names of all such organizations, associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein.			If you are claiming preference as a PRACTITIONER VETERAN who has been awarded a campaign badge or service ribbon, or as a DISABLED VETERAN, or as the WIFE OF A DISABLED VETERAN, or as the WIDOW OF A WAR OR CAMPAIGN VETERAN, attach Veteran Preference Claim CSC Form 14, together with proof specified therein.	
30. SINCE YOUR 16TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A TELLER IN A CRIMINAL PROSECUTION, OR CONVICTED, FINED, OR IMPOSED OR PLACED ON PROBATION OR HAVE YOU BEEN ORDERED TO IMPAY BAIL OR GIVE BAIL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE EXCLUDING A MINOR TRAFFIC VIOLATION FOR WHICH A FINE OR FORFEITURE OF \$50 OR LESS WAS IMPOSED?			If you are a WAR TIME VETERAN not claiming disability preference, you should NOT submit your discharge with this application. Preference will be tentatively credited to you and, if appointed, you will be required to submit to the appointing officer prior to entry on duty, official evidence of separation from active service in the armed forces of the United States in time of war.	
If your answer is "Yes," list all such cases under Item 39 below. Give in each case (1) the date; (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any, or other disposition of the case. If appointed, fingerprints will be taken.				

31. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RETIRE FROM MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION?	X		39. (A) IF YOU SERVED IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR:	YES	NO	
If your answer is "Yes," give in Item 39 the name and address of employer, date, and reasons in each case.			(1) IS THE WORD "HONORABLE" OR THE WORD "DISHONORABLE" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION?	X		
32. HAVE YOU EVER BEEN DISMISSED BY THE U. S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS?	X		(2) WAS SERVICE PERIODICALLY ON AN ACTIVE FULL-TIME BASIS WITH FULL MILITARY PAY AND ALLOWANCES?	X		
If your answer is "Yes," give details of and reasons for such disbarment in Item 39.			(3) DATE OF ENTRY OR ENTITLEMENT INTO SERVICE	Sept 42	DATE OF SEPARATION OR TERMINATION	Feb 16
33. HAVE YOU ANY PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO A JOB?	X		MILITARY支 BRANCH OF SERVICE (Army, Navy, Marine Corps, Coast Guard, etc.)	Army	SERVICE NO. (Or none, give grade or rating at time of separation)	0-914652
If your answer is "Yes," give complete details in Item 39 so that consideration can be given to your physical fitness for the job.						

34. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?	X		39. (A) IF YOU SERVED IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING PEACE TIME ONLY, DID YOU PARTICIPATE IN A CAMPAIGN OR EXPEDITION AND RECEIVE A CAMPAIGN BADGE OR SERVICE RIBBON?	X	
If your answer is "Yes," give complete details in Item 39.			(B) ARE YOU A DISABLED VETERAN?	X	
35. SIGNATURE OF APPLICANT					
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367. SIGNATURE					

## PERSONAL HISTORY STATEMENT

**INSTRUCTIONS:** ANSWER ALL QUESTIONS COMPLETELY. IF QUESTION DOES NOT APPLY WRITE "NOT APPLICABLE". WRITE "UNKNOWN" ONLY IF YOU DO NOT KNOW THE ANSWER AND CANNOT OBTAIN THE ANSWER FROM PERSONAL RECORDS. USE A SEPARATE SHEET OF PAPER FOR EXTRA DETAILS ON ANY QUESTION OR QUESTIONS FOR WHICH YOU DO NOT HAVE SUFFICIENT ROOM. ATTACH TWO RECENT PASSPORT SIZE PICTURES TO THIS FORM. DATE TAKEN WRITTEN ON THE BACK OF EACH. TYPE, PRINT OR WRITE CAREFULLY; ILLEGIBLE OR INCOMPLETE FORMS WILL NOT RECEIVE CONSIDERATION.

HAVE YOU READ AND UNDERSTOOD THE ABOVE INSTRUCTIONS? YES  NO

**SECTION 1. PERSONAL BACKGROUND**

NAME MR. <input checked="" type="checkbox"/> MRS. <input type="checkbox"/>	FIRST	MIDDLE	EAST	TELEPHONE
				Balboa 3223

PRESENT ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY
		Balboa,		Canal Zone

LEGAL RESIDENCE	STREET AND NUMBER	CITY	STATE	COUNTRY
		Auburn,	New York	U.S.A.

NICKNAMES	OTHER NAMES THAT YOU HAVE USED
None	Not applicable

UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES?	HOW LONG?
Not applicable	Not applicable

IF LEGAL CHANGE, GIVE PARTICULARS (WHERE, WHEN AND BY WHAT AUTHORITY)

Not applicable

DATE OF BIRTH	PLACE OF BIRTH	CITY	STATE	COUNTRY
	Auburn,		New York	U.S.A.

PRESENT CITIZENSHIP	ACQUIRED BY:		
U.S.A.	BIRTH <input checked="" type="checkbox"/> MARRIAGE <input type="checkbox"/> NATURALIZATION <input type="checkbox"/>		

NATIONALIZATION CERTIFICATE	NUMBER	DATE ISSUED	NAME OF COURT
	Not applicable	Not applicable	Not applicable

LOCATION OF COURT	CITY	STATE	COUNTRY

Not applicable

PREVIOUS CITIZENSHIP	DATE HELD	FROM:	TO:
Not applicable			

OTHER CITIZENSHIPS (GIVE PARTICULARS)

Not applicable

**STEPS TAKEN TO CHANGE PRESENT NATIONALITY (GIVE PARTICULARS)**

Not applicable

LAST U.S. PASSPORT	NUMBER	DATE	PLACE OF ISSUE
	58	10 Sept. 1948	Colon, Republic of Panama

ALL OTHER U.S. PASSPORTS YOU HAVE HAD (GIVE APPROXIMATE DATES)

None

**PASSPORTS OF OTHER NATIONS**

None

IF BORN OUTSIDE U.S.	DATES OF ARRIVAL IN THIS COUNTRY	PORT OF ENTRY	PASSPORT OF COUNTRY
	Not applicable		

LAST U.S. VISA	NUMBER	TYPE	DATE	PLACE OF ISSUE
		Not applicable		

**SECTION 2. PHYSICAL DESCRIPTION**

AGE	SEX	HEIGHT	WEIGHT	EYES	HAIR
35	Male	6'	174 lbs.	Grey	Grey

COMPLEXION	SCARS		BUILD
Ruddy	None		Medium

**OTHER DISTINGUISHING FEATURES**

None

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## SECTION 3. MARITAL STATUS

MARRIED	<input checked="" type="checkbox"/>	WIDOWED	<input checked="" type="checkbox"/>	SEPARATED	<input type="checkbox"/>	DATE OF SEPARATION OR DIVORCE	PLACE
SINGLE	<input type="checkbox"/>	DIVORCED	<input checked="" type="checkbox"/>				

## REASON FOR SEPARATION OR DIVORCE

NOTE: IF YOU HAVE BEEN MARRIED MORE THAN ONCE USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND AND GIVE DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.

NAME OF WIFE OR HUSBAND	FIRST	MIDDLE (FOR W. F. MAIDEN)	LAST	DATE OF MARRIAGE	
PLACE OF MARRIAGE	(HIS OR HER ADDRESS BEFORE MARRIAGE)	STREET AND NUMBER		CITY STATE COUNTRY	
LIVING	DATE OF DECEASE	CAUSE			
DECEASED					
PRESENT OR LAST ADDRESS	STREET AND NUMBER		CITY STATE	COUNTRY	
DATE OF BIRTH	PLACE OF BIRTH	CITY		STATE	COUNTRY
CITIZENSHIP	DATE ACQUIRED	WHERE ACQUIRED	CITY	STATE	COUNTRY
OCCUPATION	LAST EMPLOYER				
EMPLOYER'S OR OWN BUSINESS ADDRESS	STREET AND NUMBER		CITY	STATE	COUNTRY
DATE OF MILITARY SERVICE	FROM:	TO:	BRANCH OF SERVICE		COUNTRY
OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS) Not applicable					

## SECTION 4. CHILDREN OR DEPENDENTS (INCLUDE PARENTAL DEPENDENTS)

NAME	RELATIONSHIP		AGE		
NAME	RELATIONSHIP		AGE		
CITIZENSHIP	ADDRESS	STREET AND NUMBER	CITY STATE	COUNTRY	
NAME	RELATIONSHIP		AGE		
CITIZENSHIP	ADDRESS	STREET AND NUMBER	CITY STATE	COUNTRY	
NAME	RELATIONSHIP		AGE		
CITIZENSHIP	ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY

## SECTION 5. PARENTS

NOTE: FOR STEPFATHER, STEPMOTHER AND/OR GUARDIAN, GIVE THE SAME INFORMATION AS REQUIRED BELOW ON SEPARATE SHEET.

NAME OF FATHER	FIRST	MIDDLE	LAST	LIVING	
				<input checked="" type="checkbox"/>	
DATE OF DECEASE	CAUSE			<input type="checkbox"/>	
PRESENT OR LAST ADDRESS	STREET AND NUMBER		CITY	STATE	COUNTRY
DATE OF BIRTH	PLACE OF BIRTH	CITY		STATE	COUNTRY
CITIZENSHIP	DATE ACQUIRED	WHERE ACQUIRED	CITY	STATE	COUNTRY
OCCUPATION	LAST EMPLOYER				
EMPLOYER'S OR OWN BUSINESS ADDRESS	STREET AND NUMBER		CITY	STATE	COUNTRY

## SECTION 6. PARENTS

<b>SECTION 5. PARENTS</b>		CONTINUED ON PAGE 21			
DATE OF MILITARY SERVICE	AGE	REACH ON SERVICE	COUNTRY		
OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN(GIVE DETAILS)					
NAME OF MOTHER	FIRST	MAIDEN	LAST		
DATE OF DECEASE	CAUSE	LIVING <input checked="" type="checkbox"/> DECEASED <input type="checkbox"/>			
18 MAY 1900	Heart Disease				
PRESENT OR LAST ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY	
		Auburn	NEW YORK	U.S.A.	
DATE OF BIRTH	PLACE OF BIRTH	CITY	STATE	COUNTRY	
	Auburn		NEW YORK	U.S.A.	
CITIZENSHIP	DATE ACQUIRED	WHERE ACQUIRED	CITY	STATE	COUNTRY
U.S.A.	Not Applicable	Not Applicable			
OCCUPATION	LAST EMPLOYER				
Housewife	W.L.C.				
EMPLOYER'S OR OWN BUSINESS ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY	
		Auburn	NEW YORK	U.S.A.	
GOVERNMENT SERVICE, U.S. OR FOREIGN(GIVE DETAILS)					
None					
<b>SECTION 6. BROTHERS AND SISTERS (INCLUDING HALF-, STEP-, AND ADOPTED BROTHERS AND SISTERS)</b>					
NAME	FIRST	MIDDLE	LAST		
PRESENT ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY	
		Auburn	NEW YORK	U.S.A.	
NAME	FIRST	MIDDLE	LAST		
PRESENT ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY	
		Auburn	NEW YORK	U.S.A.	
NAME	FIRST	MIDDLE	LAST		
PRESENT ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY	
		Auburn	NEW YORK	U.S.A.	
<b>SECTION 7. PARENT-IN-LAW</b>					
NAME OF FATHER-IN-LAW	FIRST	MIDDLE	LAST	LIVING <input checked="" type="checkbox"/> DECEASED <input type="checkbox"/>	
DATE OF DECEASE	CAUSE				
PRESENT OR LAST ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY	
DATE OF BIRTH	PLACE OF BIRTH	CITY	STATE	COUNTRY	
CITIZENSHIP	DATE ACQUIRED	WHERE ACQUIRED	CITY	STATE	COUNTRY
U.S.A.	Not Applicable	Not Applicable			
OCCUPATION	LAST EMPLOYER				
NAME OF MOTHER-IN-LAW	FIRST	MAIDEN	LAST	LIVING <input checked="" type="checkbox"/> DECEASED <input type="checkbox"/>	
DATE OF DECEASE	CAUSE				
PRESENT OR LAST ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY	
DATE OF BIRTH	PLACE OF BIRTH	CITY	STATE	COUNTRY	
CITIZENSHIP	DATE ACQUIRED	WHERE ACQUIRED	CITY	STATE	COUNTRY
U.S.A.	Not Applicable	Not Applicable			
OCCUPATION	LAST EMPLOYER				

**SECTION 8. RELATIVES**

NOTE: INDICATE BELOW THE RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO LIVE ABROAD, ARE UNDER THE INFLUENCE OF A FOREIGN POWER, ARE NOT CITIZENS OF THE UNITED STATES, OR ARE MARRIED TO NON-CITIZENS.

NAME	RELATIONSHIP	AGE
Not applicable		
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY STATE COUNTRY
Not applicable		
REASON FOR LISTING UNDER THIS QUESTION		
Not applicable		
NAME	RELATIONSHIP	AGE
Not applicable		
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY STATE COUNTRY
Not applicable		
REASON FOR LISTING UNDER THIS QUESTION		
Not applicable		
NAME	RELATIONSHIP	AGE
Not applicable		
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY STATE COUNTRY
Not applicable		
REASON FOR LISTING UNDER THIS QUESTION		
Not applicable		
NOTE: INDICATE BELOW THE RELATIVES BY BLOOD OR MARRIAGE, IN MILITARY, NAVAL OR OTHER GOVERNMENT SERVICE (UNITED STATES OR FOREIGN)		
NAME	RELATIONSHIP	AGE
Not applicable		
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY STATE COUNTRY
Not applicable		
TYPE AND LOCATION OF SERVICE (IF KNOWN)		
Not applicable		
NAME	RELATIONSHIP	AGE
Not applicable		
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY STATE COUNTRY
Not applicable		
TYPE AND LOCATION OF SERVICE (IF KNOWN)		
Not applicable		
NAME	RELATIONSHIP	AGE
Not applicable		
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY STATE COUNTRY
Not applicable		
TYPE AND LOCATION OF SERVICE (IF KNOWN)		
Not applicable		

**SECTION 9. EDUCATION**

SCHOOL	ADDRESS	CITY	STATE	COUNTRY
Holy Family	Auburn	New York	U.S.A.	
DATES ATTENDED	FROM 1900 TO 1900	DEGREE		
		Grade school		
SCHOOL	ADDRESS	CITY	STATE	COUNTRY
Auburn Junior High	Auburn	New York	U.S.A.	
DATES ATTENDED	FROM 1900 TO 1900	DEGREE		
		Grade school		
COLLEGE	ADDRESS	CITY	STATE	COUNTRY
Franklin College	Franklin	Pennsylvania	U.S.A.	
DATES ATTENDED	FROM 1900 TO 1900	DEGREE		
		Bachelor of Arts		
COLLEGE	ADDRESS	CITY	STATE	COUNTRY
Franklin College	Franklin	Pennsylvania	U.S.A.	
DATES ATTENDED	FROM 1900 TO 1900	DEGREE		
		Bachelor of Arts		

**SECTION 10. SELECTIVE SERVICE** THIS CERTIFICATE IS FOR

<b>SECTION 10. SELECTIVE SERVICE</b>		<b>CLASSIFICATION</b>	<b>GRADE NUMBER</b>	<b>APPROXIMATE INDUCTION DATE</b>	<b>BOARD NUMBER</b>
<b>ADDRESS OF BOARD</b>		<b>STREET AND NUMBER</b>		<b>CITY</b>	<b>STATE</b>
<b>IF DEFERRED, STATE REASON</b>					
<b>SECTION 11. MILITARY, NAVAL OR OTHER GOVERNMENT SERVICE - UNITED STATES OR FOREIGN</b>					
<b>COUNTRY</b>		<b>SERVICE</b>	<b>SERVICE DATES</b>	<b>FROM</b>	<b>TO</b>
<b>GRADE</b>		<b>SERIAL NUMBER</b>		<b>TYPE OF DISCHARGE</b>	
T-1, T-2		11111111		Discharge No Discharge	
<b>LAST STATION</b>		<b>COMMANDING OFFICER</b>			
Government Office, Mc R. C. C. - C. C.		Commander No Name			
<b>REMARKS:</b>					
<p>My military service career has been spent in the Central Intelligence Agency.</p> <p>During all this period I have worked in the Civil Service in the Panama Canal and employed as an investigator with the Civil Service Commission.</p> <p>Parachute, The Panama Canal.</p>					
<b>SECTION 12. CHRONOLOGICAL HISTORY OF EMPLOYMENT(USE ADDITIONAL SHEET IF NECESSARY)</b>					
<b>NOTE: INCLUDE BELOW PERIODS OF UNEMPLOYMENT AND CASUAL EMPLOYMENT. GIVE ADDRESS AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. INCLUDE LAST 5 POSITIONS AND COVER AT LEAST 15 YEARS.</b>					
<b>EMPLOYER</b>		<b>JOB TITLE</b>			
		Sales Representative			
<b>ADDRESS</b>		<b>STREET AND NUMBER</b>	<b>CITY</b>	<b>STATE</b>	<b>KIND OF BUSINESS</b>
			Auburn	New York	Telephone Co. of America
<b>YOUR DUTIES AND SPECIALTY</b>		<b>NAME OF SUPERVISOR</b>			
Employed as a Clerk, later as supervisor.		John Williams (no name)			
<b>DATES COVERED</b>	<b>FROM:</b> 1942	<b>TO:</b> 1947	<b>SALARY</b> \$2,400	<b>PER</b> WEEK	
<b>REASONS FOR LEAVING</b>					
<b>EMPLOYER</b>		<b>JOB TITLE</b>			
U. S. Office, D.C.		Sales Representative			
<b>ADDRESS</b>		<b>STREET AND NUMBER</b>	<b>CITY</b>	<b>STATE</b>	<b>KIND OF BUSINESS</b>
			Baltimore	Md.	General Merchandise
<b>YOUR DUTIES AND SPECIALTY</b>		<b>NAME OF SUPERVISOR</b>			
Employed as a Clerk, later as supervisor.		John Williams (no name)			
<b>DATES COVERED</b>	<b>FROM:</b> 1947	<b>TO:</b> 1948	<b>SALARY</b> \$2,400	<b>PER</b> WEEK	
<b>REASONS FOR LEAVING</b>					
<b>EMPLOYER</b>		<b>JOB TITLE</b>			
U. S. Office, D.C.		Sales Representative			
<b>ADDRESS</b>		<b>STREET AND NUMBER</b>	<b>CITY</b>	<b>STATE</b>	<b>KIND OF BUSINESS</b>
			Baltimore	Md.	General Merchandise
<b>YOUR DUTIES AND SPECIALTY</b>		<b>NAME OF SUPERVISOR</b>			
Employed as a Clerk, later as supervisor.		John Williams (no name)			
<b>DATES COVERED</b>	<b>FROM:</b> 1948	<b>TO:</b> 1949	<b>SALARY</b> \$2,400	<b>PER</b> WEEK	
<b>REASONS FOR LEAVING</b>					
<b>EMPLOYER</b>		<b>JOB TITLE</b>			
U. S. Office, D.C.		Sales Representative			
<b>ADDRESS</b>		<b>STREET AND NUMBER</b>	<b>CITY</b>	<b>STATE</b>	<b>KIND OF BUSINESS</b>
			Baltimore	Md.	General Merchandise

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## SECTION 12. CHRONOLOGICAL HISTORY OF EMPLOYMENT (CONTINUED FROM PAGE 5)

YOUR DUTIES AND SPECIALTY				NAME OF SUPERVISOR	
NOT APPLICABLE					
DATES COVERED	FROM:	TO:	SALARY	PER	
REASONS FOR LEAVING					
Not applicable					
EMPLOYER		JOB TITLE			
Not applicable					
ADDRESS	STREET AND NUMBER		CITY	STATE	KIND OF BUSINESS
Not applicable					
YOUR DUTIES AND SPECIALTY				NAME OF SUPERVISOR	
Not applicable					
DATES COVERED	FROM:	TO:	SALARY	PER	
REASONS FOR LEAVING					
Not applicable					
EMPLOYER		JOB TITLE			
Not applicable					
ADDRESS	STREET AND NUMBER		CITY	STATE	KIND OF BUSINESS
Not applicable					
YOUR DUTIES AND SPECIALTY				NAME OF SUPERVISOR	
Not applicable					
DATES COVERED	FROM:	TO:	SALARY	PER	
REASONS FOR LEAVING					
Not applicable					

NOTE: IN SPACE BELOW GIVE DETAILS CONCERNING ANY POSITION FROM WHICH YOU MAY HAVE BEEN DISCHARGED OR WHICH YOU MAY HAVE LEFT UNDER CIRCUMSTANCES WHICH WERE NOT ENTIRELY FAVORABLE.

DETAILS:

Not applicable

## SECTION 13. CHARACTER REFERENCES-FIVE IN THE UNITED STATES (GIVE BUSINESS ADDRESS WHERE POSSIBLE)

NAME	ADDRESS STREET AND NUMBER	CITY	STATE
NAME	ADDRESS STREET AND NUMBER	CITY	STATE
NAME	ADDRESS STREET AND NUMBER	CITY	STATE
NAME	ADDRESS STREET AND NUMBER	CITY	STATE
NAME	ADDRESS STREET AND NUMBER	CITY	STATE
NAME	ADDRESS STREET AND NUMBER	CITY	STATE
NAME	ADDRESS STREET AND NUMBER	CITY	STATE

## SECTION 14. SOCIAL ACQUAINTANCES-FIVE IN THE UNITED STATES (GIVE BUSINESS ADDRESS WHERE POSSIBLE)

NAME	ADDRESS STREET AND NUMBER	CITY	STATE
NAME	ADDRESS STREET AND NUMBER	CITY	STATE
NAME	ADDRESS STREET AND NUMBER	CITY	STATE
NAME	ADDRESS STREET AND NUMBER	CITY	STATE
NAME	ADDRESS STREET AND NUMBER	CITY	STATE
NAME	ADDRESS STREET AND NUMBER	CITY	STATE

## SECTION 15. REFERENCES ABROAD IN THE UNITED STATES

11 AUG 1944

<b>SECTION 15. NEIGHBORS-THREE IN THE UNITED STATES (AT YOUR LAST NORMAL ADDRESS)</b>				
NAME	ADDRESS	STREET AND NUMBER	CITY	STATE
John Smith	123 Main St.	123 Main St.	Anytown	State
NAME	ADDRESS	STREET AND NUMBER	CITY	STATE
John Smith, wife, Son, Daughter	123 Main St.	123 Main St.	Anytown	State
NAME	ADDRESS	STREET AND NUMBER	CITY	STATE
John Smith	123 Main St.	123 Main St.	Anytown	State
<b>SECTION 16. MISCELLANEOUS</b>				
DID YOU EVER HAVE OR DO YOU NOW HAVE MEMBERSHIP IN, OR SUPPORT ANY POLITICAL PARTS OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
IF ANSWER IS "YES" EXPLAIN BELOW:				
<b>DO YOU USE, OR HAVE YOU USED TOGUELETS?</b>				
HAVE YOU EVER BEEN ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION? IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, NATURE OF OFFENCE, AND DISPOSITION OF CASE.				
No				
HAVE YOU EVER BEEN COURT-MARTIALED WHILE A MEMBER OF THE ARMED FORCES? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
IF ANSWER IS "YES", GIVE DETAILS BELOW:				
<b>SECTION 17. FINANCIAL BACKGROUND</b>				
ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF ANSWER IS "NO", STATE SOURCES OF OTHER INCOME.				
NAMES OF BANKS WITH WHICH YOU HAVE ACCOUNTS				
HAVE YOU EVER BEEN IN BANKRUPTCY? YES <input type="checkbox"/> NO <input type="checkbox"/> IF ANSWER IS "YES", GIVE PARTICULARS:				
<b>SECTION 18. CREDIT REFERENCES-THREE IN THE UNITED STATES</b>				
NAME	ADDRESS	STREET AND NUMBER	CITY	STATE
John Smith	123 Main St.	123 Main St.	Anytown	State
NAME	ADDRESS	STREET AND NUMBER	CITY	STATE
John Smith	123 Main St.	123 Main St.	Anytown	State
NAME	ADDRESS	STREET AND NUMBER	CITY	STATE
John Smith	123 Main St.	123 Main St.	Anytown	State
<b>SECTION 19. RESIDENCES FOR PAST 18 MONTHS</b>				
FROM:	TO:	ADDRESS	STREET AND NUMBER	CITY
1967	1968	123 Main St.	123 Main St.	Anytown
FROM:	TO:	ADDRESS	STREET AND NUMBER	CITY
1968	1969	123 Main St.	123 Main St.	Anytown
FROM:	TO:	ADDRESS	STREET AND NUMBER	CITY
1969	1970	123 Main St.	123 Main St.	Anytown

(CONTINUED TO PAGE 8)

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**SECTION 23. GENERAL QUALIFICATIONS**

INDICATE ANY SPECIAL KNOWLEDGE OR TRAINING YOU HAVE, ALSO, SET FORTH ANY CERTIFICATIONS AS A RESULT OF TRAINING OR EXPERIENCE, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION.

I completed a 12 week course at the Counter Intelligence and Security School at Fort Devens, Concord, Mass., in 1954. In 1955, attended the advanced course of four at Chicago, Ill. In 1957 had seventeen weeks training at the CIO AIF school in Ogden, Utah in 1957. Have worked as an agent for CIO since 1952 in Cleveland, Ohio, Dayton, Ohio, and Baltimore and as resident agent in Columbus, Ohio and Philadelphia, Pa.

**SECTION 24. SPORTS AND HOBBIES**

Golf, tennis

**SECTION 25. EMERGENCY ADDRESSEE**

NAME	RELATIONSHIP				
[REDACTED]	S. [REDACTED]				
ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY	TELEPHONE
[REDACTED]	[REDACTED]	Arlington	Mass. 02131	U.S.A.	[REDACTED]

**SECTION 26. INFORMATION AND FINAL COMMENTS**

NOTE: YOU ARE INFORMED THAT CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED, AND YOU ARE INVITED TO MAKE ANY CHANGES (OR ADDITIONS) IN YOUR STATEMENTS THAT YOU MAY THINK ADVISABLE.

ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE NOT MENTIONED ABOVE WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION, IF SO, DESCRIBE, IF NOT, ANSWER, "NO".

TC

**SECTION 27. CERTIFICATION**

I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY INTENTIONAL MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR MY IMMEDIATE DISMISSAL.

SIGNED AT Bellwood Woods Apartments DATE 17 June 1957

[REDACTED]

[REDACTED]

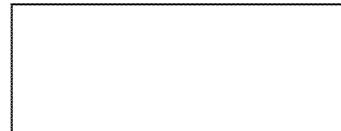
SECRET

SICL 751 1952-1953

TO : Chief, Communications  
Actions  
FROM : Chief, Security Division  
SUBJECT:  #43726

DATE: 8 August 1952

In reply to your memorandum this is to advise that subject meets the current requirements for cryptographic clearance and is approved for such duties as of this date.



SECRET

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~~CONFIDENTIAL~~  
CONFIDENTIAL  
SECURITY INFORMATION  
SECURITY APPROVAL

Date: 9 May 1952

TO: Chief, Covert Personnel Division  
FROM: Chief, Security Division  
SUBJECT: [REDACTED]

Your Reference: L-9389

Case Number: 43726

1. This is to advise you of security action in the subject case as indicated below:
  - Security approval is granted the subject person for access to classified information.
  - Provisional clearance for full duty with CIA is granted under the provisions of Paragraph D of Regulation 10-9 which provides for a temporary appointment pending completion of full security investigation.
  - The Director of Central Intelligence has granted a provisional clearance for full duty with CIA under the provisions of Paragraph H of Regulation 1C-9.

2. Unless the subject person enters on duty within 60 days from the above date, this approval becomes invalid.

3. Subject is to be polygraphed as part of the EOD procedures.

*C. V. Brodley*  
C. V. BRODLEY

*initials*

*EOD: 25 June 1952 per Miss [REDACTED] 6/3/52*

*25 June 1952*

*in Washington per [REDACTED] 6/20/52*

*to EOD: about [REDACTED] 25 June 1952*

~~CONFIDENTIAL~~

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40*SECRET*

## SECURITY APPROVAL

To : Chief, Employees Division, Special Support Staff  
 Personel Office *xx* Date: NOV 20 1960

From : Chief of Inspection and Security Number: 43426

Subject:   
 #43726

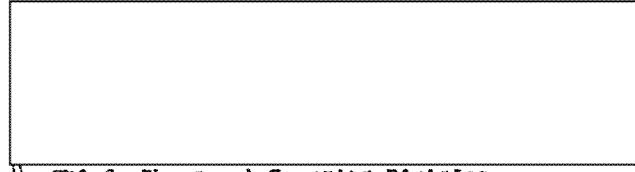
## 1. Note "X" below:

Security approval is granted subject for access to classified information contingent upon the receipt of derogatory information at some future date.

Provisional clearance for full duty with CIA is granted under the provisions of paragraph 4, Administrative Instruction 10-2, which provides for a temporary appointment pending the completion of full security investigation.

Unless the applicant enters upon duty within 60 days from above date this approval becomes invalid.

## 2. Your memorandum dated 14 August 1960 stated Subject is an applicant for FDI.



Chief, Personnel Security Division  
 Chief, Special Security Branch

*SECRET*  
*CONFIDENTIAL*

14-00000

RECORD OF  
PREVIOUS GOVERNMENT  
SERVICE RETURNED TO  
FEDERAL RECORDS CENTER IN  
ST. LOUIS, MO.

DATE

7/13/73 JS